George Gonce

(VR A15 ME (5))

STATE OF MARYLAND

E THE THE PROPERTY OF THE PARTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR STATE

3

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		-
DECEASED NAME FIRST	MIDDLE	LAST	2e. DATE OF DEATH	ONTH DAY YEAR	26. HOUR 40
BABY GI	RI, SINGLETA	RV	JAN. 7.19	86	1 AM
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	AY) # UNDER I YEAR	R IF UNDER 24 HRS
		MONTH DAY YEA		MONTHS DAYS	HOURS MIN.
FEMALE	BLACK	JAN 7 19		YRS.	11
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	BAH MORE CHY OR	COUNTY OF DEATH	
MARYLAND	U.S.A.	WIDOWED DIVORCED			WE
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	N 12a USUAL OCCUPATION		OF BUSINESS OR
		HOSPITAL	NONE	NONE	
JSUAL RESIDENCE THE WIRSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	NONE	HOIN	
30. STATE 13b. CO	UNITY 130 CITY OR TO		3 7 3 7 44 7 7 7		213
1. FATHER'S NAME		15 MOTHER'S MAIDE	NAME		
UNKNOWN	UNKNOWN LAST	CASSE	TTE SINGLETARY	LA	AST
60 WAS DECEASED EVER IN U.S.		CURITY NO. 17 INFORMANT	ADDRESS	>	
NONE NO	NE NONE	CASSET	TE SINGLETARY	MOTHER	
					XIMATE INTERVAL N ONSET AND DEATH
PART I DEATH WAS CAU	sed BY:	TIDITU		BETWEEN	ONSET AND DEATH
IMMED	IATE CAUSE (0)	IUK II)			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC		EPHACY		
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1	(a)
190 DATE OF OPERATION	LIST CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	28e AUTOPSY?	206. IF YES, WERE FIND	INGS USED
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CIT OF ENAMED		N CERTIFYING CAUSE YES	
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF USE EITHER, NOTIFY MEDICAL EXAMI			CCURRED (ENTER NATURE OF INJURY	NITEM 18. PART 1 OR PART 2)	
21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC) STREET	CITY OR TOWN	COUNTY	STAIF
	spital) attended the deceased from	1AN 7 10	86 10 700	1086	that (I) (we) las
saw the deceased alive			pinian death accurred an the date	and haur and I am the	, , ,
22b SIGNATURE	G. Kenes	PhD, M. DATTEND	ING MEDICAL STAFF	1	= 7-80
224. PHYSICIAN'S NAME (14	E OR PRINT)	22e ADDRESS	The Distriction of the state of	X	
WILLIAM	G. KEYES	JOH	600 N. WOLFPSTF	EET 521705	SP
30. BURIAL, CREMATION, REMOV	AL 23b. DATE 23	NAME OF CEMETERY OR CREMAT	TORY 23d. LOCATION	COUNTY	STATE
CREMATION	JAN 8 1986	JOHNS HOPKINS	BALDIMORE		MD
OLUMBAT TON	TAN 8 TARRI	JUNIOS HUEKLING	DATE OF CITY DE CONTRACTOR	DECKED OF SUCCESS	Trans.

DHMH - 16 50M 4/83 (VRA 15, 4)

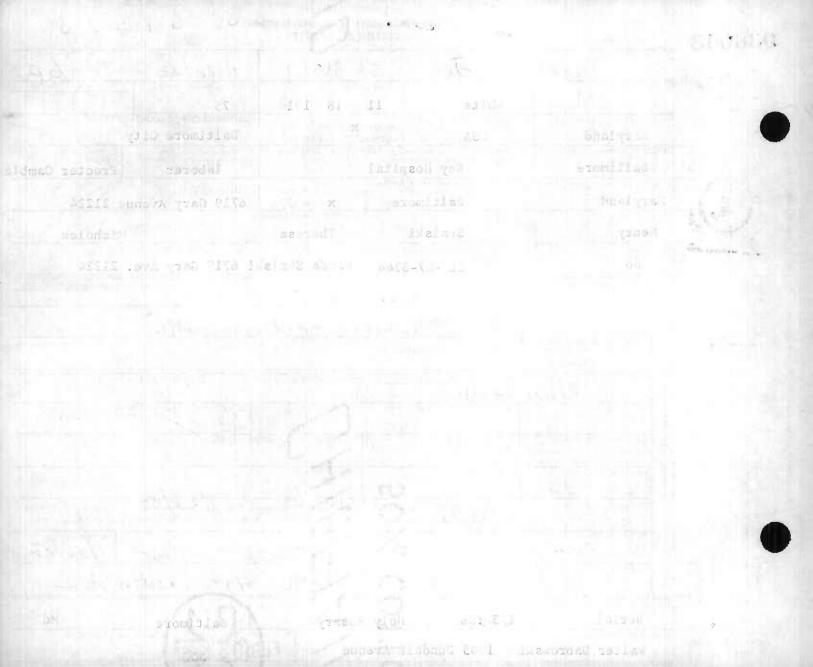
IMPORTANT: If he

JOHNS HOPKINS HOSPITAL 600 N WOLF ST

BALTO



036043	1-	FOR STATE REGISTRAR		EPARTMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		5 7 3
2 nd		CEASED NAME FIRST ORPRINT) FRANK	MIDDLE)	5	KALSK 1	28. DATE OF DEATH, MONTH	OAY YEAR 26 HOUR
s other d	3. SE		4 RACE White	S. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1 1 33		RTHPLACE (STATE OR FOREIGN OUNTRY) Mary land	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	NEVER MARRIE	9 BALTIMORE CITY OR COU	NTY OF DEATH
3 31		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Key	NURSING HOME C		DN 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Laborer	126. KIND OF BUSINESS OR
BI		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDER NTY 13c. CITY Ba 1	or town timore	13d. INSIDE CITY LIM		
YE	bro	THER'S NAME FIRST	MIOOLE Ska	lski	15. MOTHER'S MAID Theres	EN NAME MIDDLE	Micholek
		VAS DECEASED EVER IN U.S. AR (15 YES, MO OR UNKNOWN) (15 YES, GIV	E WAR OR OATES)	-07-6244	Wanda Sk	alski 6719 Gary Av	7e. 21224
requires that the death cert in signed by the attending. Then please remove corbo- intery, or other traumatic.	HON	Conditions, if ony, which gove rise to immediate cause to l. stating the underlying cause fast.	DUE TO, OR AS A CO	ACHER INSEQUENCE OF	OLVEST MC COM NOT RELATED TO TH	diony opathy	
N. The low yielden. cote has be cost been thygene print B shows on	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		Average 1			YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2)
NDING PHYSICIAN I or attending phy R. Alter this centile teach one demonstrate teach one Mental t marked or teen 11	MEDICAL (OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR) tol) ottended the decase	19 Y y, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE 2. 19, that (1) (we) lost
HOSPITAL OR ATTE TENESTAL DIRECTO old be detached for th the State Dept. of CORTANT. If bean 21		sow the deceased alive on obove, (1) (we) (did) (did, no 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE OF THE PHYSICIAN'S NAME TYPE OF T	s) view the body offer deat	h.	DEGREE ATTEND PHYSIC 22 • ADDRESS	Pinion death occurred on the date and STAFF IAN DIRECTOR PHYSICIAN	1221. DATE SIGNED
2	23a. 8	URIAL, CREMATION, REMOVAL SPECIFY BUTIAL		23c. NAME OF C	EMETERY OR CREMA Rosary		COUNTY MGTATE
DHMH - 16 50M 4/82 (VRA 15, 4)		NERAL DIRECTOR Walter Dabrows		ndalk Ave	2	FEB 03 1986 have	SISTRAR'S SIGNATURE



23c. NAME OF CEMETERY OR CREMATORY Belair Mem.

1-25-1986

E.F.Lassahn, 11750BelairRd, Kingsville, Md

Belair

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.

Harford

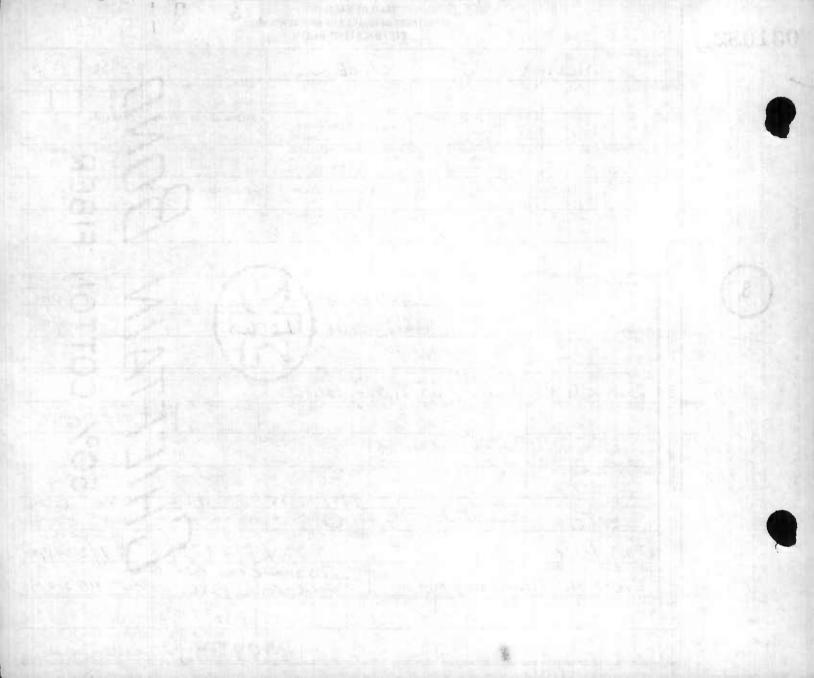
Gar.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

Burial

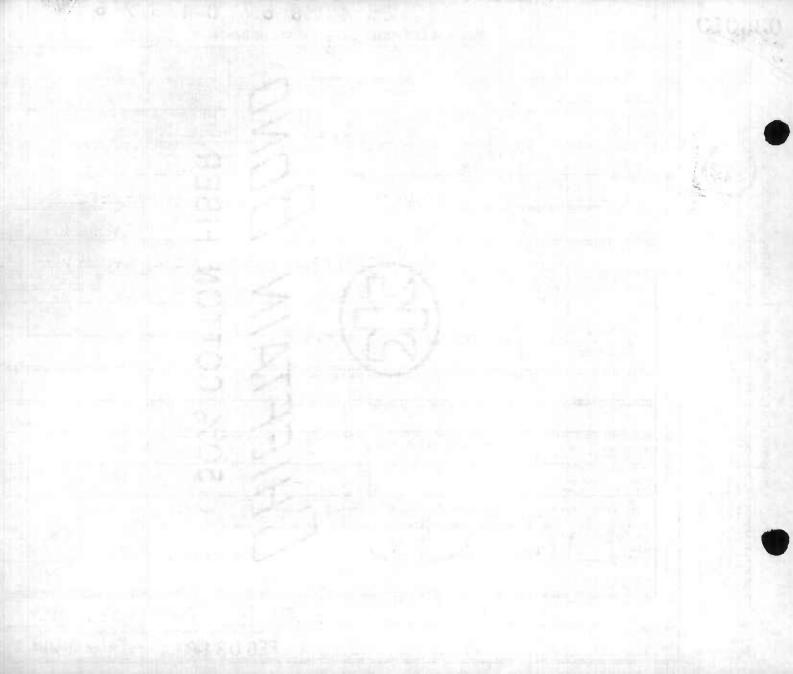
24. FUNERAL DIRECTOR



STATE OF MARYLAND FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME TYPE OF PRINTS DEATH MATED 6 **GEORGE** 1986 STEEMAN 4 RACE 6. AGE (IN YEARS MONTH 2d. HOUR DATE OF BIRTH JE UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 9:39 DEAD 1986 To MIRTHPRACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGNEDUNING DIVORCED Baltimore City RETAIN PAGE JOULD BE FILED RECORDS, 201 V III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTR Baltimore 1135 Cleveland St. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STAFE THE INSIDE CITY LIMITS? 13e STREET 21201 136 COUNTY elinno 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO T. INFORMANT ADDRESS (YES, MO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 16.4.7 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION USED AS 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [NO SC 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE AT WORK AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inquiry Natural causes X Hamicide Undetermined manner death resulted fram: Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 1-4-86 SIGNATURE 111 Penn St., Balto., MD EXAMINER'S NAM 21201 Ann M. Dixon, M.D. TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE OR CREMATOR 23d LOCATION 07/84 25M WERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

Water B. WALL

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UD	OOTO		STATE REGISTRAR		MED	DICAL EXAMINER	'S CERTIFICATE	OF DEATH REG. NO	
9/		1. DE	CEASED NAME OR PRINT)	E FIRST		WIDDIE	LAST	26. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
1	URS. URS.	2 (5)		Mari		Freda	Small	DEATH MATED	1/ 31/19 86 N
	DIRECT DIRECT OUR FI ON STR	3 SE	'emale	White	S. DATE OF BIRTH		MONTHS DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCED DEAD	1/ 31/19 86 A M
•	NECESSARY, PLEASE UNERAL DIRECTOR. FOH OUR FILES. WITHIN 72 HOURS. PRESTON STREET,	FC	RTHPLACE (S REIGH COUNTRY) larylan		USA	^	MARRIED NEVER MAR	RIED U	City,
		2	TY OR TOWN Balti	more	IF NOT INSUCH FAC	PITAL, NURSING HOME, OF CILITY, GIVE STREET ADDRESS) Ramsey St.	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Homemaker	E OF WORK 126 KIND OF BUSINESS OR INDUSTRY
21201	3	13a. S	AL RESIDENCE TATE Larylan	13b. COU		130. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES X NO		Street 21223
ORE, MD.	PAN SELL S	JJC	Seph	Smaller Ha	P. MIDDLE	Forster	15. MOTHER'S MAII Freda	MIDDLE	Von Heine
J. I.W.	A SEGRET	16a. V	ES. NO. OR UNKN	D EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO		ADDRESS	
BALTIMORE	A SA		No			214-12-2321	Ellen M.	Starry, 402 N.	Hammonds Ferry Rd
RECORDS, 201 W. PRESTON	SULD BE EXECUTED WITHIN 24 19 19 19 19 19 19 19 19 19 19 19 19 19	NO	gove r couse (o lying co	ons, if ony, which ise to immediately stating the <u>under</u> use last.	b (b) DUE TO, OR A	AS A CONSEQUENCE OF AS A CONSEQUENCE OF UT NOT RELATED TO THE TERMINAL		e Pulmonary Dise	
	"PENDI "PENDI EF MEDI ED AS HEALT	CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH OPERATIO	ON WAS PERFORMED?		20 AUTOPSY?
¥.	WORD "PE WORD "PE AE CHIEF A S BE USED, ENT OF HE	I I					194		YES NO 🛛
DIVISION OF VITAL	RE THIS CERTIFICATE SHOULD THE WRITING THE WORD. "PER SRWARDED TO THE CHIEF AS RAPAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C	MEDICAL CER	UNDERLYING CONTRIBUTI	AL CAUSE WAS GOR ING CAUSE OF	DEATH P.M.	MONTH DAY YEAR	If LOCATION	RED LENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
DIVI	NAMA NAMA PAG 212	ME	WHILE AT WORK	NOT WHILE AT WORK		ORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE
•	CAL EXAMNE THE CERTIFICA SHOULD BE FG RAL DIRECTO SATH, WITH TH ORE, MARYLAN		22a I cert , deoth result ACTUAL ,SIGNATURE	,	rge of the remains desc vial causes [X],	Accident D, Suicide	Autopsy , Inspect Homicide , TITLE (SPECIFY) M.D. ASSISTA	Undetermined monner,	DATE 1/31/86
	MEDI GOUTE FUND FIND FIND FIND FIND FIND FIND FIND FI	1	EXAMINER'S (TYPE OR PRI	NAME Mar	garita A.	Korell, M.D.	ADDRESS1	ll Penn St.	
07/84	BP PAGE —	23a. B	URIAL, CREMA	mation		23c. NAME OF CEMETE		23d LOCATION	Balto. Md.
25M	DHMH - 17	24 F	JNERAL DIREC	CTOR	ADDRESS		25a. DATI	REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
	(VR A15 ME (5))	Hu		Funeral		Wilkens Ave.	21229 F	FR 03 1986 Juli	a Davidson-Randelle



250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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24 FUNERAL DIRECTOR

JACKSON FUNERAL HOME NAPTON, NEW JERSEY

DHMH - 16 60M 7/84

(VRA 15, 4)

IN 1 18 CL I TROOF I THE 25 20 32 3 Author + CH AZU James USA And made Litigral habant to recover a somethad Tooley boulers 2588 1936 Mallery Dave. HANDON SILVED SILVED ROOMYN COPT Developet The Branch B Appeared to the state of 23(5) (... * ... Russell & Donate 22 South Greeker Street 388 A MAL

020054	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT AL HY CERTIFICATE OF DEATH	YGENE 0 1	5 7 8
A may be		CEASED NAME FIRST OR PRINTS The Image	MIDDIE FACE	S. DATE OF BIRTH MONTH DAY YEAR	26. DATE OF DEATH	MONTH DAY YEAR 26 HOUR A.M. 1- 86 GIAP M IMDAY) FUNDER I VEAR FUNDER 21 HS MONTHS DAYS HOURS MIN.
Difference States		S.C.	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DOORCED	1	RCOUNTY OF DEATH NO PC C MY MD. ON 126 KIND OF BUSINESS OR
o que por que	USU	RALESIDENCE IN NURSING HOME OR OTHER	(IF NOT IN SUCH FACILITY GIVE STREET AND ALL LES INSTITUTION GIVE RESIDENCE BEFORE	TADDRESS) 12 S S & A S A S A S A S A S A S A S A S A	La LNOP	ESS INDUSTRY SCHOOL
ampletely fill yand 2 shault examine mus	14 F/	THER'S NAME SIRST MIDI	Baltin Nº Gi	YES EY NO 15. MOTHER'S MAIDEN N FIRST	NAME MIDDLE	Robinson
sicion and c pers. Pages of.		VAS DÉCEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE W.	218-01-		Robinson 16	
iquires that the death certi- signed by the attending p. Then please remove carbon to burial, cremation, ar ren njury, ar ather traumatic ev	NO	Conditions, it ony, which gove rise to immediate couse to), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUENCE OF THE TO, OR AS A CONSEQUENCE OF THE TOTAL OF T	Lung a MI	B TAS TBS	
NG PHYSICIAN: The law required attending physician. After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be acked or them 18 shaws any injun	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
YSICIAN: The ding physicial physicial physicial is certificate be build-fransfer benefit fram 18 shows or frem 18 shows or free free free free free free free f	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY	DAY YEAR 19 211. LOCATION	URRED (ENTER NATURE OF INJU	
TENDING PH into a contenu or Use as the thi or We as the 15th and	WE	WHILE ALWORK ALWORK 170.1 certify that (ii (this hospid) sow the decorated alias above. (b) two) (did) (didnot) to		. 19	city on to	wn COUNIY STATE 19, that (1) (we) last ate and hour and from the couses stated
SPITAL OR AT 3 by the hosp NERAL DIREC be detoched of e Store Dept.		22b. SIGNATURE	1 12 "	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
TO HOSPITAL retained by th TO FUNERAL should be deto with the State important.	230	22d. PHYSICIAN'S NAME (TYPPOR PR	Rowe.	NAME OF CEMETERY OR CREMATOR	2-BLVD Y 1234 LOCATION	PALE My 21221
BP DHMH - 16 50M 4/83		UNERAL DIRECTOR	1-17-86 F	Phutus New. Pl	K. Arbut	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)		Kandslew	Toblick.24310	E. Oliver St. 11	AN 1 6 1986	Gelia Teviden 12. 200

1-201330 Thehad I so Southweld at July 15 32 King Trouble for my so as as all S.C. Wish. & Edwinson Cint THE HOUSE IN THE HES SE LEWISTERS SCHOOL pod pod strain - prancha Seculara MARKET SINGLE THE STATE OF THE STATE OF THE CONTROL PROBLEM WAS AN ILLE OF THE STATE Burnist 1974 Se Arbiens view Mc Schwas Burnis TO STANKE IN THE SECRET COME STORY OF THE SECRET STANKES OF THE SECRET SECRET SECRET SECRET SECRET SECRET SECRET

FOR
- STATE
REGISTRAR

STATE OF MARYLAND & & DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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IF.		
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U	1	2	3	W	

		REGISTRAN					REG. N	O			
1		EASED NAME FIRST	WIDDLE	ı	AST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1	137576	CALLIE	Q	Si	WITH			01 16	86	8.00pm	
	3. SEX		4 RACE	5 DATE C			6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 2 HRS	
		FEMALE	BLACK	MONT		200	6	S YRS	DATS	HOURS MIN.	
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER A	ADDIED [9 BALTIMORE CITY O	-			
3		OUNTRY) VA	V-5.A	WIDOWE	D DN	ORCED	BAC	TIMORI	Ec	ITT MD.	
3	8	ACTIMOLE	(IF NOT IN SUCH FACILITY				120 USUAL OCCUPATION OF WORK FOR MOSTO	F WORKING LIFE		F BUSINESS OR	
	HAR S	IL RESIDENCE (IF NURSING HOME OF		Y OR TOWN	13d INSIDE CI		130 STREET ADDRESS	ZIP CODE	AVE	21217	
۲	14. FA	THER'S NAME	1.2.			MAIDENNAA					
ď,)	WILLIAM	MIDDLE	MITH	52	PA++	WIDDLE		SON	2=	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	1-32-9932	DAK.	444	e Smith 182	15 W. M.	fayet	te Avenu	
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	lly one cause per line far D BY: TE CAUSE (a)	SPIRAT	De y 1	FAILU	RE		BETWEEN O	MATE INTERVAL ONSET AND DEATH	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF									
	NOIL	PART 2. OTHER SIGNIFICANT (5W+2	inal disease or con	DITION GIVEN	IN PART 110		
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO				206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)		
7		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	Y ONTH DAY YEAR 19	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)		
	MEDICAL	216 INJURY OCCURRED WHILE ON THE OFF	21e PLACE OF INJU (AT HOME STREET, FACTO		211. LOCATIO STREET	N	CITY OR TO	wN	COUNTY	STATE	
		saw the deceased alive an abave, (1) (yes) (did) (did and	1.11	0 10 8 6 01	nd that in (my)	19 Sb	toe	te and hour ar		that (li (we) fast causes stated	
		226 SIGNATURE	Tuylor			TTENDING PHYSICIAN	MEDICAL STAI	F IAN O	22c DATE	6.86	
		ZELY	AY WOR		27e ADDRESS	V.M.	C · C				
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	1/21/86	23c. NAME OF C		REMATORY emeter	23d LOCATION CITY OR TOWN	ırnie	DUNTY	M D €	

BP. DHMH - 16 60M 7/84

should be detached for use as the burial-transit perm with the State Dept, of Health and Mental Hygiene pr

MPORTANT. If Hem 2

Wm. C. Ma

March F/H 1101 E. North Ave.

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

36156	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO	3 8 1
e de la	(TYPE	CEASED NAME FIRST CLare	nce R. Smith 20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 1254
director, p	Name of	nale	1. RACE 5. DATE OF BIRTH CAUCUST AN 12 21 13 7 2 76 CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OF	HDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS R COUNTY OF DEATH
		outh Carolina	U.S.A. MARRIED NEVER MARRIED Baltim MIDOWED DIVORCED 120. USUAL OCCUPATION IF NOT IN SUCH EACHTY ONE STREET ADDRESS (TYPE OF WORK FOR MOST OF	ON 12b. KIND OF BUSINESS OF
7	5	RESIDENCE (IF NURSING HOME OR TATE	Some Batt. General Hosp. Maint Medicities institution diversibence before admission) 130. CITY OR TOWN 130. CITY OR TOWN 130. NSIDE CITY LIMITS? 130. STREET ADDRESS /	h. Oil
ond tump spr and spr and	16a, N	THER'S NAME FIRST A MES VAS DECEASED EVER IN U.S. AR	MIDDLE BOOKES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRE	Thompson
g physician banpaperi. P removal		8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ally ane cause per line far (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of by the attendial large remove control of cremotion or or other traumati		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)	
hus been signe permit. Then p ene prior to bur	TIFICATION	PART 2 OTHER SIGNIFICANT (19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Amenda Proposition of the Control of	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 213. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 19 216 PLACE OF INJURY 211 LOCATION	
IOE After the or	M		(AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOV Ital) ottended the deceased from 19 80 and that in (my) (our) opinion death occurred on the do	19.86 that (I) (we) las
EFAL DIRECT Store Dept of Store Dept of AMT: If here		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAF PHYSICIAN DIRECTOR PHYSIC	
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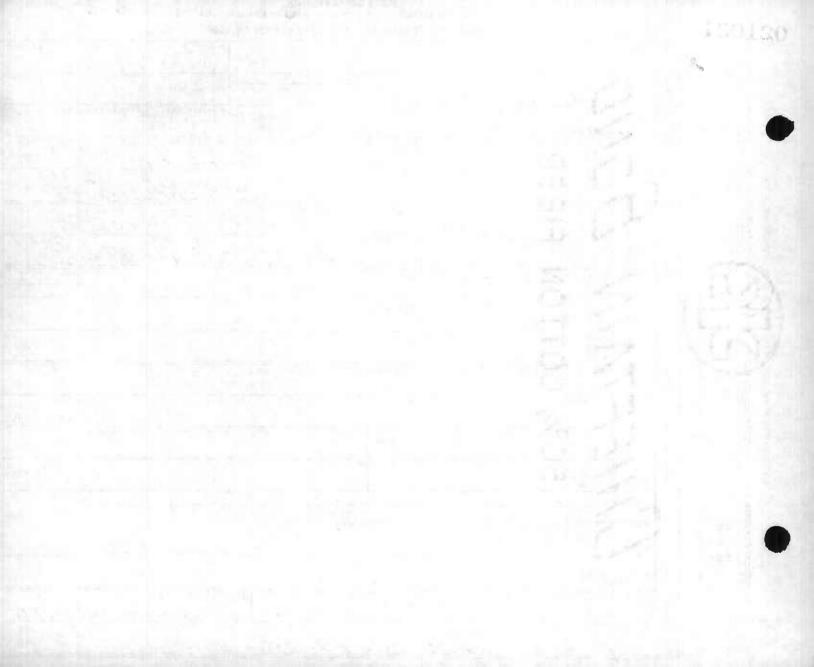
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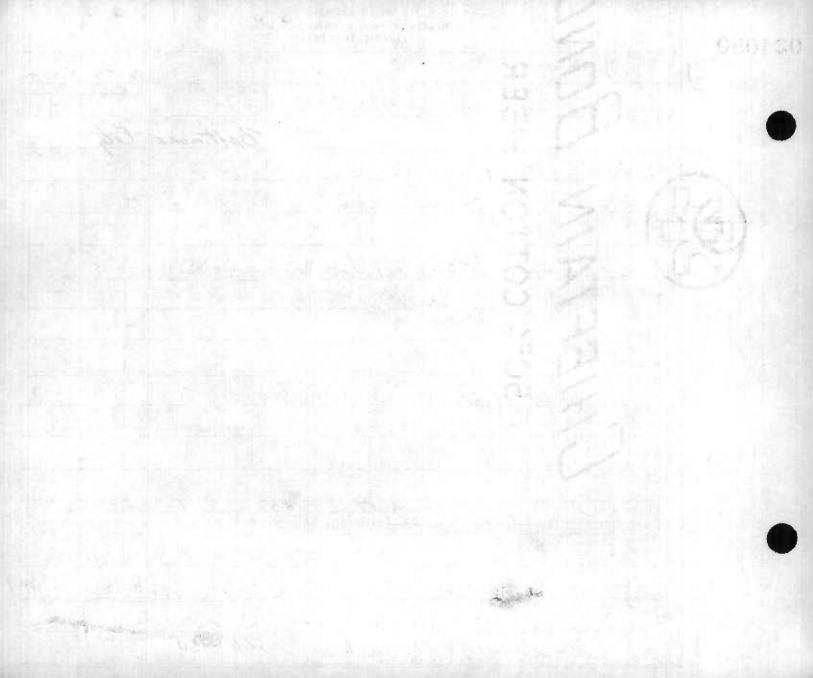
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			FOR	DEPARTM		MARYLAND H AND MENTAL NA	INGIENE 0	5 8 2	
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	12 × × × × ×	(1Ab	OR PRINT)	LAUDINE	SMITH	1	OF ESTI-	1-10-86 ₁₉	
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	4. RACE	5. DATE OF BIRTH	AGE (IN YEARS IF U	INDER TYR. IF UNDER 2		MONTH DAY YEAR	2d. HOL
	¥288,₹	Fe	emplo Col	9-18-1925	LAST BIRTHDAY) MON	THS DAYS HOURS	PRONOUNCED DEAD	1-10-86	8:46
	SSA	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MAR	RIED NEVER MARRIE		TY OR COUNTY OF DEATH	
	S NECESSARY, FUNERAL DIR E S FOR YOUR D, WITHIN 72 W. PRESTON	B	9/10, md.	U.Sitt	WIDO	WED DIVORCE	Baltim	nore City	M
	R DEATH, IF ANY DELAY IS NEW AGES 1, 2, AND 31 OTHE FUNNING PM 3. RETAIN PAGE 5 FUT AND 2 SHOULD BE FILED, WIND FOUND BE FILED, WIND FO	1	altimore	II. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR. 923 Whiteloc	REFT ADDRESS)	HER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING HIS	(TYPE OF WORK 126 KIND OF B) OR INDUS	USINESS TRY
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8	IYGIE NOVA		IMMEDIAI	DUE TO, OR AS A CONS					
OK.	AL HEN		Conditions, if any, which gave rise to immediate	(b)					
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	NO TITES		220. I certify that I took charg	e af the remains described abov	e, held an Auta	Inspection	Inquiry ,	and in my apinion	
•	L EXAM FE CERTIFOULD B OULD B NL DIREC H, WITH		ACTUAL SIGNATURE	write me !	nel .	TITLE (SPECIFY) M.D. Assistant	MEDICAL EXAMINER	DATE 1-11-8	6
	MEDICA CUTE TH SE 4 SH FUNER FUNER FINORE	-	12 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	garita A. Korel	1,M.D.	_ADDRESS 111 Per		310INED	
	EXECU PAGE TO FU AFTER BALTIV	23a B	URIAL, CREMATION, REMOVAL 2	36. DATE ZSC. N	AME OF CEMETERY		23d LOCATION	COUNTY	STATE
07/84	BP	1	Surial	1-16-86 7	1 Zion	Com.	LANGSOU	were BATTOG.	m.
25M	DHMH - 17	24. F	INERAL DIRECTOR	ADDRESS	, 41	250. DATE RI	EC'D. BY REGISTRAR 25b	REGISTRAR'S SIGNATURE	177
	(VR A15 ME (5))	1	JOSEPH LIK	1122 933360	NOVIN	HUI HAN?	1 1980	,,,,,	



024020	1.	FOR ITEM Number 76-13e Per Ph. State of Maryland 8 6 0 1 5 8 5 STATE 1-24-86 D.W DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO.
024080	1 DE	REG. NO. CEASED NAME FIRST MIDDLE LAST TO. DATE OF DEATH MONTH DAY YEAR 76 HOUR OF PRINTS SUCCESSED NAME FIRST NOTE OF DEATH MONTH DAY YEAR 76 HOUR
softer dea	3. SE	
leath Pag		RTHPLACE IS ATE ORFOREGON 76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH. WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH.
102 offer of the full of the f	X	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) Deaton Hospital & med. Center (Type of work for most of working life) INDUSTRY
un 24 hou	S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 13 CITY OF TOWN 13 INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE 15 NO 13 STREET ADDRESS / ZIP CODE 16 NO 15 STREET ADDRESS / ZIP CODE
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De execut	16a	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES NO OR UNKNOWN) VIEYES, GIVE WAR OR DATES! 544.26.9229 V. A. Wele, and Dedo. 65
physicia on poper emoval		18 CAUSE OF DEATH Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (c)
it W. PRESTON ST., BALTIMORE, MARYLAND 2120 thot the death certificate be executed within 24 hours by the attending physician indicates remove corbon poper. The cremation, or remayal contention, or remayal coher traumatic event, the indicates of the contention of		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a , stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)
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Dine hor Dine ocheo Chept		DEGREE M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC
HOS Brined Thy the		Bernita C. Taylor mp 611 S. Charles St. Baltimore 1
BP	230	SURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF COUNTY WARRANTEE
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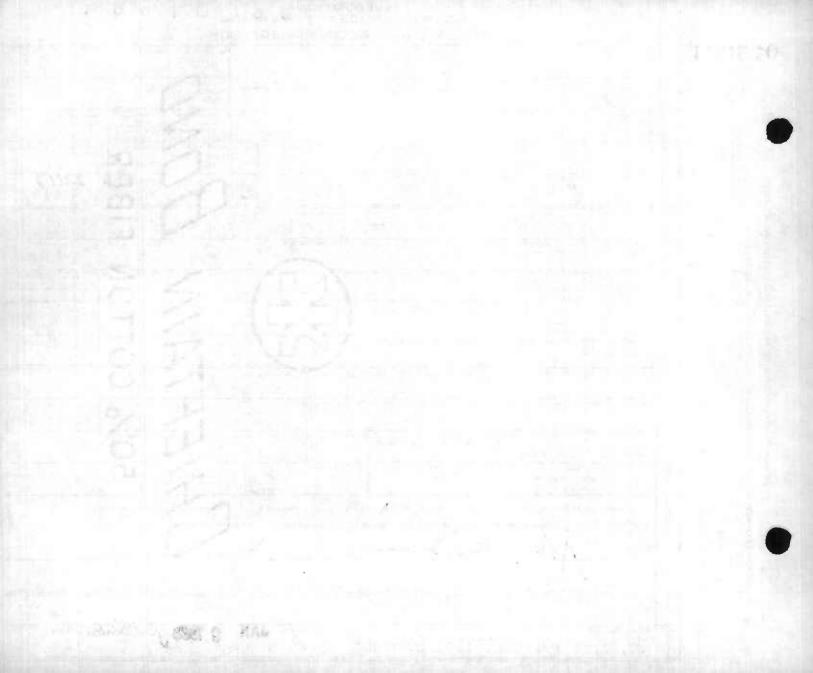


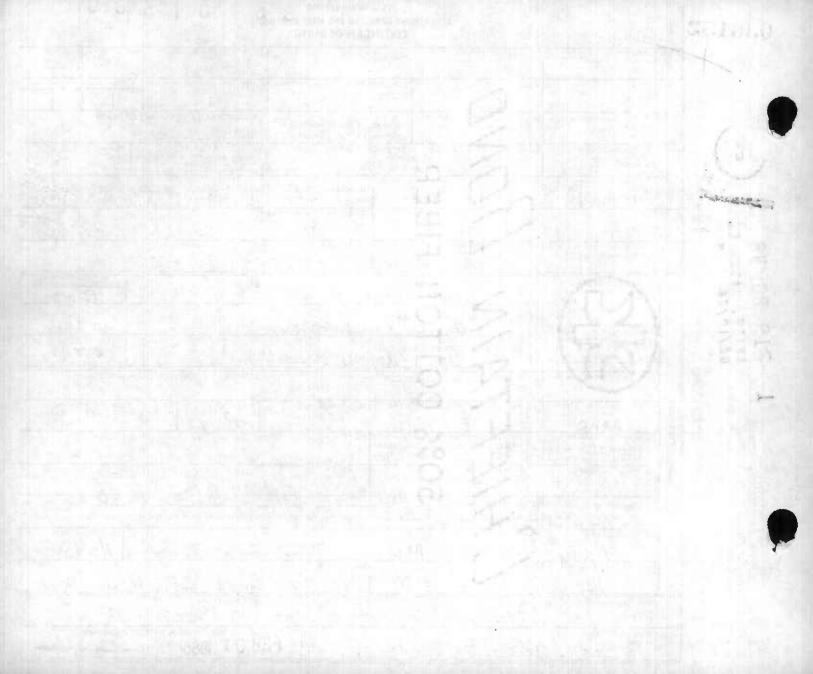
DEPARTMENT OF HEALTH AND MENTAL HY - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 013024 1. DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-UNERAL DIRECTOR OF FOR YOUR FILES.

WITHIN 72 HOURS

//PRESTON STREET, DEATH MATED JAMES SMITH JR. 19 86 A. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS 2d HOUR 3. SEX 2c. DATE LAST BIRTHDAY) :35 PRONOUNCED 8 80 6 B DEAD YRS 19 86 To BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MARYLAND WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Provident Hospital ISLIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. 6 2111 3g. STATE 13d. INSIDE CITY LIMITS? DRIVE BLGD. 10902 BALTIMORE HUNTCLIFF MARYLAND 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST MCCRAY SMITH SR. JAMES JOHNNY Μ. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN APT.6 (YES, NO, OR UNKNOWN) NONE JOHNNY M. MCCRAY HUNTCLIFF DRIVE NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY /IMMEDIATE CAUSE (0) Cervico-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IG 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head Only INER: THIS CERTIFICATE SHOTCHE, WRITING THE WORI TORE PAGE SHOULD BE UTHE CHEEN FACE AS SHOULD BE UTHE STATE DEPARTMENT OF AND \$1301 PRIOR TO BUR 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING & OR HOUR * MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 8:15M 1-4-19 86 Pedestrian struck by auto. TIE PLACE OF INJURY (AT HOME. 21f LOCATION TO MEDICAL EXAMINER: ITLICATE, WRITH EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND 31201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK street 2600 blk. W. North Ave., Balto. City MD Head 220. I certify that I took charge of the remains described above, held an and in my opinion Accident X death resulted from: Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 1-5-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRES! 230. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION MARYLAND BURIAL BALTIMORE 1-10-86 BALTIMORE 07/B4 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** WM.C.MARCH F/H INC. 1101 E. NORTH AVE. (VR A15 ME (5))

STATE OF MARYLAND

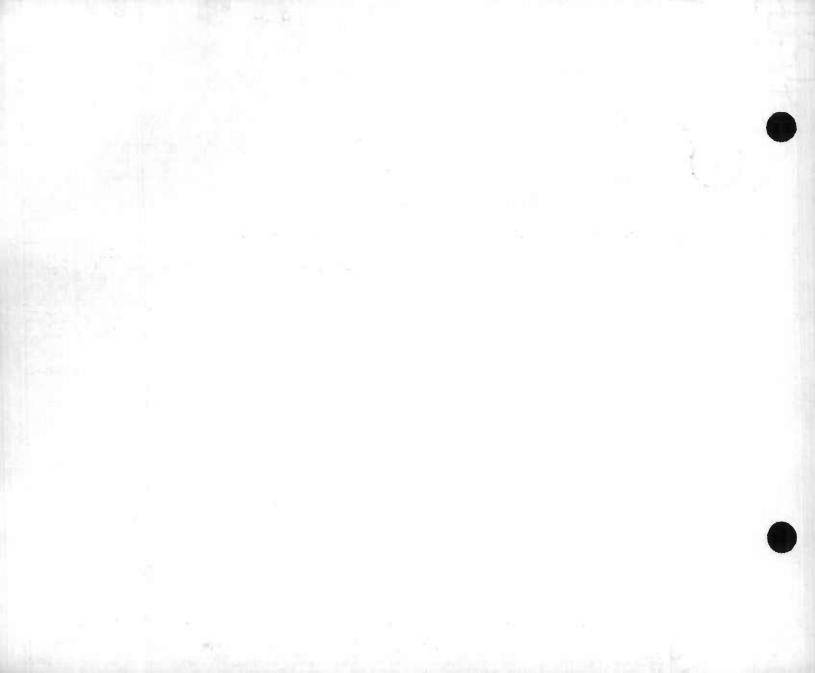




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72 hours		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIEI	□ NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
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2 22		IKNOWN		213-48-	1164	Mr.A	rthur	Drager,	Ligh		
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physici T inficate rransi ol Hyg		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	M. MONTH DA		21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF		8 PART I OR PART ?]	
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END tologo		22a.1 certify that (1) (this haspi saw the deceased alive an	12	12/ 19 5	25.00	a that in (my)	(our) opinion	death occurred on the	e date and h		that (I) (we) last
NR ATT hosping ECT in the feet of them 2 them 2		above, (I) (we) (did) (did no 22b. SIGNATURE	t) view the lody	Alter death.		DEGREE				22c. DATE	
0 4 0 0		9		4				MEDICAL DIRECTOR PH	STAFF YSICIAN [1/:	23/86.
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		The DEFE		S	Cell Cell		

023	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	5 8			
death death		CEASED NAME FIR	ord	MIDDLE G		milh	20 DATE OF DEATH	MONTH DAY	86 2b	8 15 P	
softer	3 SE	male	1 RACE	asian	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNI		UNDER 24 HR	
6. BIRTHPLACE (STATE OR FOREIGN			F WHAT COUNTRY	7? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	B. CILY	DEATH				
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1000 C	14. F/	Milford G	. Smith	tast		15. MOTHER'S MAIDEN NAME Ruth St	out		LAST		
physicion and cannoppers. Pages amoval.		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (# NO	.S. ARMED FORCES YES, GIVE WAR OR DATES			Robert Haupt	5515 Chani	2	1229 Baltin	nore	
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signed b hen pleas to buriol, ijury, or o	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART 110		
ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CON	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF		
The mapping of continuing properties certificated for use as the burielt to Dept. of Health and Mental If them 21 is marked or them 1		210. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	/ AT HOME	E OF INJURY STREET, FACTORY, OFFICE	E, FARM ETC)	21f LOCATION STREET	CHTY OR TO	wn c	OUNTY	STATE	
		22e. I certify that (I) (this hospital) attended the deceased from 9/24									
		27h. SIGNATURE	PA	h		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	22c. DATE SIC	SNED 8 S	
APORTANT		Richmon		Allan		Sinai Hos	hadi				
13	230. 6	BURIAL, CREMATION, REM (SPECIFY) Burial		4, 1985 C		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Howard	Mary]	Land	
16 50M 4/83 RA 15, 4)		JNERAL DIRECTOR Hai	cry H Wit:	zke & Fam	ily Fu	neral Homes AN	REC'D. BY REGISTRAN				



STATE OF MARYLAND 028088 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE TYPE OR PRINT

REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 7h HOUR 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEW MONTH 7s. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 10000 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 17h. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION Do. STATE THE INSIDE CITY LIMITS? 13e.STREET_ADDRESS / NO [YES IL FATHER'S NAME IS MOTHER'S MAIDEN NAME 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES, NO COLUMNIA I OF YES, GAR WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), opdic) BETWEEN CHOIC PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (LEMER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AWTE TOWN COUNTY STATE STREET AT HOME, STREET FACTORY, OFFICE, FARM ETC) NOT WHILE AT WORK AT WORK 270.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not); and that in (my) (aur) apinion death-occurred on the date and hour and from the causes stated withe bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (THE OR PRINT) 22e ADDRESS 23e. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATOR 23d LOCATION 73b. DATE COUNTY

DHMH - 16 50M 4/B3 (VRA 15, 4)

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1	FOR STATE REGISTRAR			DEPARTA		EALTH AND A		REG. N	0.			
5		CAMINE) RAY	MOND		LTER	SMITH			20 DATE OF DEATH	2/86	26 HOUR 9:55 am		
	3 SEX	Male	7		ite	DF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR	IF UNDER	24 HR5 MIN.		
0	(RTHPLACE (STATE OR FO	DREIGN	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED -	BALTIMORE CITY O				110
0	10 CI	TY OR TOWN OF DEAT		11. NAME OF I	HOSPITAL, NURSIN	G HOME (OR OTHER INST	- band	120 USUAL OCCUPATI	ON IF WORKING LI	126. KIND O INDUSTRY		
	USUA		4 46		Agnes HO	ADMISSION)	113d INSIDE CI	TY LIMITS?	Bookbinder 134 STREET ADDRESS	ZIP COD			
7		ryland	,	MIDDLE	Baltimo LAST	ore	YES X	MAIDEN NA/	ME MIDDLE	row S	Street	212	223_
A	16a V	UNKN			16b SOCIAL SECU	RITY NO	17 INFORMAL	VT.	UNKNO				
IJ				E WAR OR DATES)	220-03-6				budzynski 3		.21223 Smallv	bood	st.
	CERTIFICATION	Conditions, if ony, gove rise to imm couse to stating underlying cause	which ediate 3 the lost.	DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D TION FOR WHICH	NCE OF			INAL DISEASE OR CON		VEN IN PART 110		
7	RTIFIC							YES NOW YES NO DEATH? YES NO DIPLOMENTAL NO DIPLOMENTAL PART 1 OR PART 2)					
7	MEDICAL CE	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE AT WORK AT WORK 220.1 certify that (1) {	AUSE OF DEA AL EXAMINER ED	21e PLACE (M. MONTH DA M. OF INJURY GEET, FACTORY, OFFICE FI	19 ARM ETC)	211 LOCATIO STREET		CHY OR TO		COUNTY	S Share all to	TATE
		sow the deceose obove, (I) (we) (di. 22b. SIGNATURE 22d. PHYSICIAN'S NA/	d olive on d) (did not	view the body	19 0		DEGREE A	TENDING HYSICIAN	MEDICAL STAP	F	220. DATE		ated
	23a B	URIAL, CREMATION, R	EMOVAL	23b DATE			EMETERY OR C	/	23d LOCATON City on TOWN	- 7	COUNTY	5	TATE
-	24 FU	Burial INERAL DIRECTOR		11/4/86	ADDRESS		aven Mer 21229	n. PK.	Glen burn			ryla	ind

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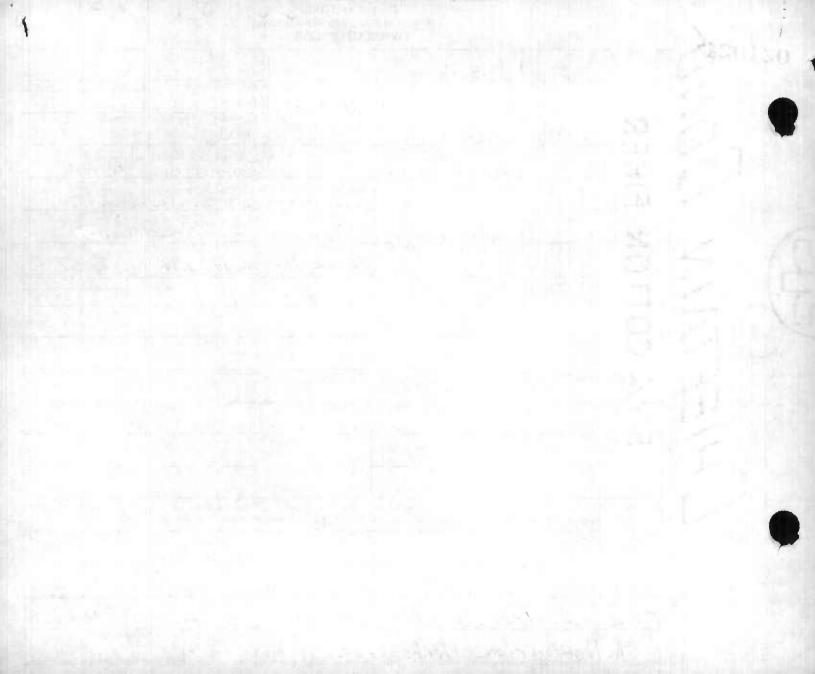
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STATE OF MARYLAND



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6017139	FOR STATE REGISTRAR		DEP	ARTMENT OF I	E OF MARYLAND SEALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	10		
1 3 75	1. DECEASED NAME (TYPE OR PRINT)	FIRST 54 inle	MIDDLE M.		MITH	2a. DATE OF DEATH	MONTH D	7 - 86	26. HOUR 930 PM
No of the state of	FEMAL		CAUDAGIAN	5. DATE (6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
0 139	BIRTHPLACE (S COUNTRY) Marvland	TATE OR FOREIGN	USA	TRY? 8 MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY OF	OR COUNTY		AAD
	BALTIM		II. NAME OF HOSPITAL, NE (IF NOT IN SUCH FACILITY, GIVES SOUTH BALT)	STREET ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Cafeteria		INDUSTRY	BUSINESS OR
TOWN TO THE STATE OF THE STATE	BACTIMOVE	136 COUN	TY 131. CITY OR AND DEL PASA C	TOWN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	BTH	and the same of th	adena, Mí
MARY and with	FATHER'S NAME FIRST ELNEST			STIS	15. MOTHER'S MAIDEN NA VINGINA	WIDDIE		KEE	FE C
Bowner or Condition	WAS DECEASED (YES, NO OR UNKNO	VO NO	WAR OR DATES)	32-3153	Joseph Smith	Pasadena,	703, Md. 2	218th 21122	St.
ST. BA	18 CAUSE OF PART I. DE	ATH WAS CAUSED	y ane cause per line far (a), (b) BY. CAUSE (a)	o, and ich	NAM tore	न		APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
I W PRESTON that the death c by the attende task smoore con- cit cremation or cather traument	gave rise	f any, which a immediate stating the cause last.	DUE TO, OR AS A CONSI	TATIL	BREOST CAN	Œ			
RDS, 20 equires Then plo to burn, in equiry, is	PART 2 OTHE	RSIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART I (a	
At RECO	DEL	PERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH?
NOF VIII	OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEAT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)	
DIVISIO	21d. INJURY O	NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
ATTEND rupped to rCCOR, a rCCOR, a r of Hear	saw the above, (1)	leceased alive an_ (we) (did) (did nat)	ul) attended the deceased from		d that in (my) (aur) apınian	death accurred on the do			nat (I) (we) last auses stated
PAL DIE	226. SIGNATU	N'S NAME (TYPE OR	JE Odle	ez, n	PHYSICIAN [MEDICAL STAI	FF	22c. DATE S	IGNED 186
TO HOSP TO FUNK Should by World by	MICI	TAEL !	e. collier		200 ADDRESS	HANOVE	r st	- BAI	To, no
BP	23a. BURIAL, CREMA (SPECIFY) Buri	al	Jan. 13,86		METERY OR CREMATORY Ven Mem. Cem				
DHMH - 16 50M 1/B1 (VRA 15, 4)	McCully		3204 Mou Home Pasad	ntain dena, Mo	Rd. 21122 250 DA	AN 1 4 1986	256. REGISTR.	AR'S SIGNATU	fandate



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DHMH-16 60M 1/73 (VR A 15 (41)

24 FUNERAL DIRECTOR

STATE OF MARYLAND

BY REGISTRAR 256. REGISTRAR'S SIGN

22c. DATE SIGNED

NO I

STATE

COUNTY

COUNTY

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

86

DAYS

IF UNDER I YEAR

INDUSTRY

STATE OF MARYLAND 52 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 26 HOUR LIYPE OR PRINT SURDI MAR 6 AGE (IN YEARS LAST BIRTHDAY) SEX 5. DATE OF BIRTH IF UNDER LYEAR MONTH DAY YEAR Female White Oct.15, 1918 YRS BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Md. WIDOWED City II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore North Charles General Hospital Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 1136. COUNTY 1136. CITY OR TOWN 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 603 N. Luzerne Avenue 21205 Md. Baltimore YES X NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST William Harms Anna Helmle IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 6s WAS DECEASED EVER 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) no Mrs. Mary B. Sobus 3927 Hudson Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ACCIDENT DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STREET STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from ______ sow the deceased alive on 0 120 above. (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN S PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) d b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) COUNTY STATE Burial Jan. 23.1986 Most Holy Redeemer Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4)

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Leanney J. Much Inc. Bullimore, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	STATE	OF M	ARYI	AND 📿	1
DEPARTMENT	OF HI	ALTH	AND	MENTAL	HYGIENE
CE	RTIFI	CATE	OF	DEATH	

ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.				
	1. DECEASED NAME FIRST	MIDDLE	Ĺ	AST		MONTH DAY	EAB 2b	HOUR		
-	(TYPE OR PRINT) SHIRLE	4 5.	SPF	ADING		0/ 23 8	6 4	113PM		
1	3. SEX	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER		INDER 24 HRS		
	emale	Caucasia			49	YRS.		anne.		
7	70. BIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEA	TH			
	Virginia	U.S.A.	WIDOWE	D DIVORCED	Baltimo			MD.		
7	Baltimore	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	or other institution spital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Dept. of A	WORKING LIFE) INDL	ISTRY	SINESS OR		
7		Y 13c CITY	or town Hill		130 STREET ADDRESS /	zip code wood Ave.	2071	15		
1	Hugh Turn	ner Smi	th	15 MOTHER'S MAIDEN NAM Marie	Bessie	F	lowe			
7	160 WAS DECEASED EVER IN U.S. ARM [YES, DO OR UNKNOWN] (IF YES, GIVE		48-9808	Robert F. Spa	- 7 4 4 40 40	Fenwood on Hill.				
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for to), (b), and (c)	Λ				INTERVAL T AND DEATH		
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1		DUE TO, OR AS A CO	NSEQUENCE OF	bol						
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	couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF							
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-	PART 2. OTHER SIGNIFICANT CO	emic Ludi	- 11	ema to sus	NAL DISEASE OR CONL	DITION GIVEN IN P	ARI IIo			
	190 DATE OF OPERATION	196 CONDITION FOR			200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH				
7	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MON	ITH DAY VEAD	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I ORP	AR1 2}			
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19	-200						
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	WHILE NOT WHILE AT WORK		11			α	/			
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	obove, N (we) (did)	May the blody offer deat		nd that in (my) (our) apinion d	eath accurred on the da	te and have and to	m the cous	es stoted		
	22b. SISNATURE	2726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN []								
	22d possicians NAME	SHAW		Good Good	Sawa	ytan y	1000	Hal		
	230 BURIAL, CREMATION, REMOVAL	236 DATE		EMETERY OR CREMATORY	236 LOCATION	COHNT	1 /	STATE		
	Burial	1/27/86	Resurre	ction Cemeter	/			rland		
	24 FUNERAL DIRECTOR		6160 Oxon	HILL MO.	REC'D. BY REGISTRAR					
	George P. Kalas I	Tuneral Home	Oxon Hil	1. Md. JA	N 2 8 1986	Joura Days	loon-R	moleste.		

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DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is morked or Item 18 shows any

34020	j.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLANDS EALTH AND MENTAL HYGICATE OF DEATH	GIENE REG. N	5 0	Q	
y be		CEASED NAME FIRST OR PRINT) Floronce	MIDDLE		eed	2a. DATE OF DEATH	MONTH DAY	86	26 HOUR 3.5 PM
oge 4 moy be rector page 3 urs ofter death	3 SE	F	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BI	YRS	HS DAYS	HOURS MIN.
death. P		m q.	76. CITIZEN OF WHAT COUNTRY	WIDOWE		BA Ho.	Cidy		MD.
4 11 16		BA HG.	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE OTHER INSTITUTION GIVE RESIDENCE REFO	T ADDRESSI /	osp.	12a USUAL OCCUPAT	OF WORKING LIFET IT	2b. KIND OF NDUSTRY	BUSINESS OR
(In) RS	130		TY COR d 134 GITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO		TEC S	54. 6	21001
平息	1	THER'S NAME FIRST VAS DECEASED EVER IN U.S. AR/	MODIE MOALS	URITY NO.	FIRST	MIDDLE	ecc .	LAST	
on and is. Pages.			E WAR OR DATES)	39638	Violet S	petd	5/A		
ertificate ng physic con pope removal cevent, th		PART 1 DE ATH WAS CAUSED	ly one cause per line for 101, (b), on DBY. E CAUSE (o) <u>Cardian</u>	espina	tory ar	rest		BETWEEN ON	ATE INTÉRVAL NSET AND DEATH
that the death c by the attendir ase remove corl b), cremation, or r other traumation		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON (c) DUE TO, OR AS A CONSEON (c)	e ac	cute Myora	rdial in	Parction		
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The law retorn. The law te has be ssit permit given print given print shows on)	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES C	GS USED OF DEATH? NO
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r ottends after this as the bu	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		214 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
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TAL OR how the how the how the how that DIRE has been that DIRE has been had been ha		226 SIGNATURE CITY	is		ATTENDING PHYSICIAN	MEDICAL STA	FF _	1/20	186
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BP		SPECIFY BULLA	1 A5 86 S		WSONAME C	23d LOCATION	BA	MY.	SIATE of
DHMH - 16 60M 7/84 (VRA 15, 4)	7	MERAL DIRECTOR ARPIS	1201 ne Cyllo	3 54	PEET TEN	3 0 1986	gn a source	SEIGNATU	RE

FOLK TACH MICH 3525 HARREN AVE. CISIS UR - UNION . 2205 hodene Dr. Ant. 202 C . . . Jacqueline Commer Heltimore, Garyland 21009 Baltimay , Vanidlan Marcal Larger and park 3601A25A1 lerver BUTTER - SOND FAMILIAND HOME, LIC.

2501 Common Falle Plays Heldstoom, Mr. 21216

028044	[1-	FOR STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYGI	7	REG. NO.	50	2	
poge 3		CEASED NAME OR PRINT)	TAM		A .	5. DATE C		R	OATE OF D	1	22 IF UNDE	86 ERIYEAR IF	HOUR 40
rector urs off	-	MALE			LACK	08		1914	74		YRS.		DURS MIN.
		RTHPLACE (STATE OR COUNTRY) MARYLAND		U. S.		WIDOWE		RCED L	BAL	TIME	PRE	CIT	Y MD.
337 X	0	LTIMORE (CITY		HOSPITAL, NURSII HEACILITY, GIVE STREET DENT H		TAL BAL	TIMA	120 USUAL OC (TYPE OF PER	SONNED		UBLIC	SCHOOLS
(185	130 5	AL RESIDENCE (IF NURS STATE MARYLAND	13b. COUNT	OTHER INSTITUTION, TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV BALTIM	VN	136 INSIDE CITY I	LIMITS?	BALTIM		CODE 36		
U.	14. FA	ATHER'S NAME FIRST	м	IDDLE	SPENCE	er.	15. MOTHER'S MA			MIDDLE	BUNZEI	tAST NTHAT.	
Popes Popes		VAS DECEASED EVER		WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	MINSORMANT JEANETTI		A.		WABASH		
erticate p g physica on papers empoul	K	ART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY:	line for (0), (b), as	id ich	sulme	mas	y a	sresi		APPROXIMATE BETWEEN ONSE	
that the death of by the attendingles remove carb. I, cremotion, or other traumatic.		Canditions, if any gove rise to improve couse (a), status underlying couse	mediote ng the	(b)_	R AS A CONSEOL	sse	Il V. Diabet	ente	rient Nelli	an A	lude	alion	
Appropries 1 to burning the second se	NOI	PART 2 OTHER SIGI	NIFICANT CO	ONDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BOT	NOT RELATED TO	THE TERMI	NAL DISEASE (OR CONDITIO	ON GIVEN IN	PART IIO	
1 11 11 19	CERTIFICATION	196 DATE OF OPERA				OPERATIO	N WAS PERFORME	510		40 🗆 IN	. IF YES, WERI CERTIFYING (YES [CAUSES OF I	
CLIAN. # Physical properties of the physical ph	1	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJUR	RY OCCURR	ED (ENTER NATUR	RE OF INJURY IN IT	1EM 18 PART I OR	PART 2)	
The Assert	MEDICAL	ZId INJURY OCCUR	3118	21e PLACE	OF INJURY SEET, FACTORY OFFICE.	FARM ETC)	21f LOCATION STREET			ITY OR TOWN	co	DUNTY	STATE
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BP		BURIAL, CREMATION, (SPECIFY) ENTOMBMENT		23b. DATE 1/27/	1986 A	RBUTUS	MEMORIA	L PARI		BAI	LTIMORI	E. MAR	STATE
DHMH - 16 50M 4/83		NUTTER ORS					21216	250 DATE	AN 24	1986	REGISTRAR'S	SIGNATURE	andelle

MATERIAL COST OF THE PROPERTY OF THE PROPERTY

(VRA 15, 4)

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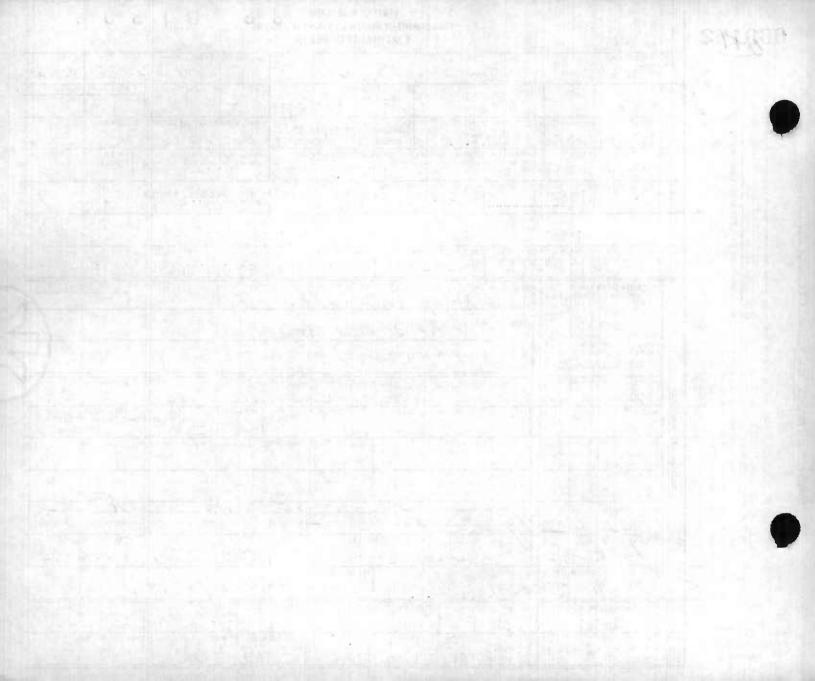
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

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REGISTRAR	THE RESERVE AND ADDRESS OF THE PARTY OF THE			REG. NO.		
DECEASED NAME FIRST	WIODIE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
William	Henry	Spil	te/	/-	6-86	8:304 M
. SEX	4. RACE			6 AGE IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	06 /	14/ 1914	71 _Y		MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH	
Baltimore Maryl		WIDOWED	DIVORCED [Baltmone	city	MD.
CITY OR TOWN OF DEATH				12a USUAL OCCUPATION		F BUSINESS OR
Baltimore	Veterans Adm	nin Med Cnt	r. Loca	Molder		Works
Ja STATE 136 COI			ISIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE	Salar Ha
	Balti				lay 2120)6
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18 CAUSE OF DEATH (Enter	only one couse per line far (a), (b	, and ici.	/	,	BETWEEN	MATE INTERVAL ONSET AND DEATH
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PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 11	a
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190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS	PERFORMED /		F YES, WERE FINDIN ERTIFYING CAUSES	OF DEATH?
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OR CONTRIBUTION CAUSE OF O		DAY YEAR	IOW INJURY OCCUR	CED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
O THE EITHER NOTIFY MEDICAL EXAMIN		19	OCATION!			
WHILE O NOT WHILE O			STREET	CITY OR TOWN	COUNTY	STATE
		17/11	0 1	. /		
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abow, 👉 (we) (did) (did i	not vew the body after death.			death accurred an the date and		
11/14	X S		ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
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16-01-4.				DIRECTOR PHYSICIAN	K /-	6 %
PHYSICIAN'S NAME LTYPE	OR PRINT)	22e A	DDRESS		/-	0 %
1 20 -	EORPRINT)	1.D. 22e A	Loch R		tosp	6 %
DAVID S 30 BURIAL, CREMATION, REMOVA	EORPRINT)	22e A	Loch R		COUNTY	STAIR
DAVID S BURIAL, CREMATION, REMOVA (SPECHY) Burial	23b. DATE 01/08/86	1.D. 23c NAME OF CEMETE	ADDRESS LOCH R RY OR CREMATORY	TVEW VA 1	COUNTY	STATE
DAVID S 30 BURIAL, CREMATION, REMOVA	AL 23b. DATE 01/08/86	1.D. 270 A	RY OR CREMATORY	tvew VA 18	COUNTY	
1 10 10 10 10 10 10 10 10 10 10 10 10 10	SEX MAC BERTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore Mary) CITY OR TOWN OF DEATH Baltimore Baltimore SULL RESIDENCE (IF NURSING MOME INSTATE INTO PROPERTY IN THE INTO	DECEASED NAME FIRST HENTY SEX 4. RACE White Baltimore Maryland COUNTRY Baltimore Maryland COUNTRY Baltimore Maryland COUNTRY Baltimore Maryland CITY OR TOWN OF DEATH COUNTRY Baltimore SUAL RESIDENCE (IP NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE LIP NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE LIP NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE LIP YES GIVE WAS OR DATES) THE CAUSE OF DEATH LENTER ONLY BALT I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. Canditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. Conditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (b). Conditions, if any, which gove rise to immediate couse (c). Stating the underlying cause last. Conditions, if any, which gove rise to immediate couse (c). Stating the underlying cause for the couse of the couse (c). The condition of the couse of injury (c) PLACE OF INJURY (AI HOME STREET, FACTORY, OF any of the deceased drive) (d) (d) (d) and both with body after death.	DECEASED NAME IMPROR PRINTING SEX A. RACE INCLUDING BERTHPLACE (STATE OF FOREIGN COUNTRY) Baltimore MARRIED III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE SET ONE ADMISSION STATE Henry STATE BULL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE SET ONE ADMISSION) STATE HENRY MARY DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. III. CAUSE OF DEATH IF YES GIVE WAR OR DATES) TYES III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO. OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART 2 OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART 2 OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART 2 OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART 2 OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART 2 OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART 2 OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART 3 OTHER NOTES MEDICAL EXAMINER) 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH III BUT HER NOTES MEDICAL EXAMINER P.M. 191 11 LICENTY OFFICE, FARM, ETC.) 11 LICENTY OFFICE, FARM, ETC.) 12 LICENTY OFFICE, FARM, ETC.) 13 LICENTY OFFICE, FARM, ETC.) 14 LICENTY OFFICE, FARM, ETC.) 15 LICENTY OFFICE, FARM, ETC.) 16 LICENTY OFFICE, FARM, ETC.) 17 LICENTY OFFICE, FARM, ETC.) 17 LICENTY OFFICE, FARM, ETC.) 18 LICENTY OFFICE, FARM, ETC.) 19 LICENTY OFFICE, F	Henry SEX 4. RACE White Ordering William 4. BIRTHPLACE (STATE OR FOREIGN TO LITIZEN OF WHAT COUNTRY) Baltimore Maryland U.S.A. WIDOWED NOT DIVERTING THE INSTITUTION (F. WOT IN SUCH FACILITY ONE STREET ADDRESS) CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F. WOT IN SUCH FACILITY ONE STREET ADDRESS) BALTIMORE SULAR RESIDENCE (IP MURSING HOME OR OTHER INSTITUTION OF RESIDENCE BY THE STREET ADDRESS) WE THEN THE STREET ADDRESS OF THE STR	DECEASED NAME MICHAEL MICHAEL	Henry AME Henry S. Date of Brith Date of Death Month Date Team Date of Death Date of Death

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG	ISTRAR			CERTIF	CATEUFD	EATH	REG. N	0.			
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	HYPE OR PRIN	Marguerit	e	E.	Spr	У			1-	18-86	10.	.45A.
7	3. SEX		4 RACE		5. DATE O	FBIRTH		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEA		
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Ī	10 CITY OR	TOWN OF DEATH			IRSING HOME O		ITUTION	120 USUAL OCCUPAT			OF BUSINI	MD. ESS OR
7	Balt	timore	2015	Jeffe	rson S	t.		Homemake		(IFE) FINDOSTR	Eco	
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	CERTIFICATION D	ATE OF OPERATION	196 CONDI	TION FOR WH	HICH OPERATION	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINI IFYING CAUS YES	DINGS USE ES OF DEA NO [TH?
	OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEA' EITHER NOTIFY MEDICAL EXAMINER	P.,	OF INJURY A.M. MONTH DAY YEAR P.M. 19				ED (ENTER NATURE OF INJ	JRY IN ITEM 18	3 PART I OR PART 2)	
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	s	certify that (I) (this hospit low the deceased alive on above, (I) (we) (did) (did not				d that in (my)	, 19 (our) opinion de	, to eath accurred on the a	ote and ha		., that (1) (ne couses st	
		SIGNATURE Reclare	e 96	nes		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					ESIGNED	5
		PHYSICIAN'S NAME (TYPE OF	100			22e ADDRES	11.4	1	. /	. 1	211	11.5
Į,		or. Richard	-			Johns	Hepku	as Uncolor	54 (enter	Salti,	MI
	Buri Buri	cremation, removal	1-20-		Cedar		rematory	Balto.		COUNTY	Md.	STATE

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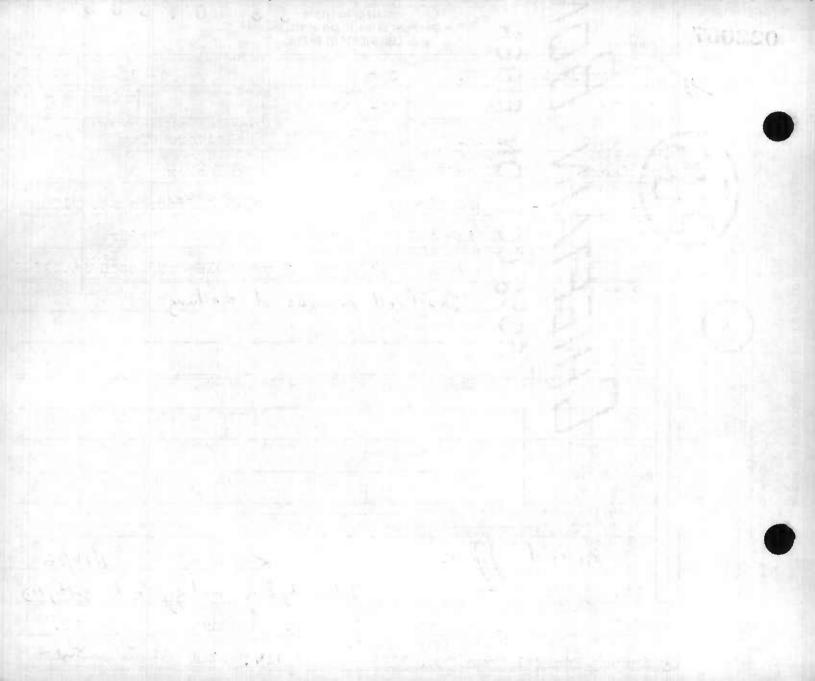
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MPORTANT: If he

3331 Brehms Lane Balto., Md. Schimunek Funeral Home, Inc. 21213 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



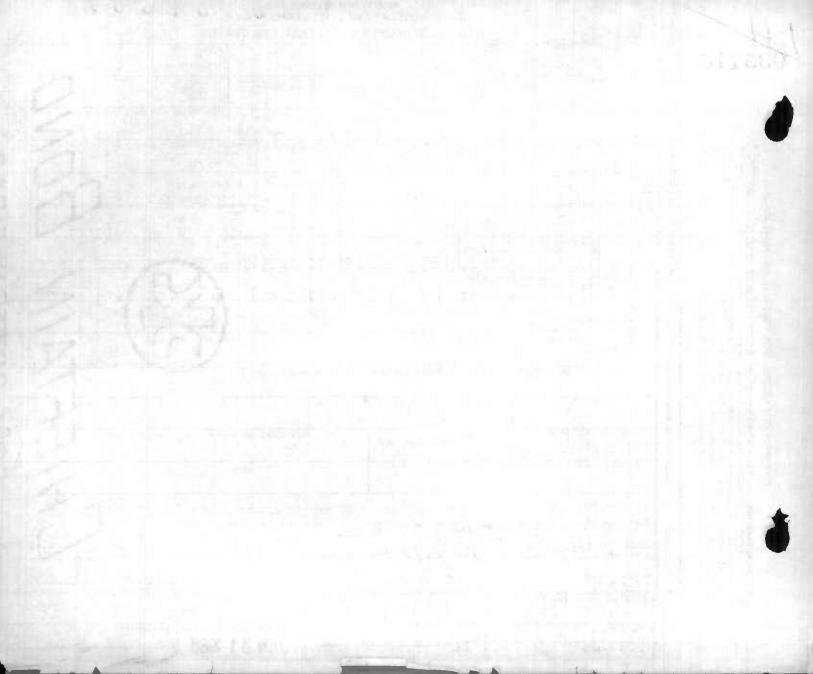
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN ALTH GIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST 20. DATE KNOWN M MONTH 2b HOUR (TYPE OR PRINT) OF DEATH MATED Willie 26 1986 Stanci 1 AGE UN YEARS 4 RACE IF UNDER 24 HRS 2d. HOUR DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 24 DEAD M B 18 67 YRS 26 198 To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED -N.C. Baltimore City 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1126 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) N/A Baltimore 2227 N. Futaw Place USUAL RESIDENCE 13e. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21217 MARYLAND BALTIMORE YES LY NO | 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDI LAST FIRST WALTER P. STANCIL LITLITE FINCH 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS. (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES) 237-40-0636 YES LOUISE WORD 2535 FRANCIS STREET CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DED TO THE CHIEF MEDICAL EXAMINER AUD 3.3 SHOULD BE USED AS A BURIAL-IRANSIT RE DEPARTMENT OF HAALTH AND MENTAL HYDE I PRIOR TO BURIAL, CREMATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOTE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I taak charge of the remains discorded above, held an Autapsy death resulted from: Natural causes Accident Suicide Homicide . Undetermined manner Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) ADDRESS. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY CHURCH CEMETERY RALEIGH 2-4-86 N.C. BRUIAL 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 WM.C.MARCH F/H INC. 1101 E.NORTH AVE. (VR A15 ME (5))



DHMH - 16 50M 4/83 (VRA 15, 4)

7922 Wise Avenue

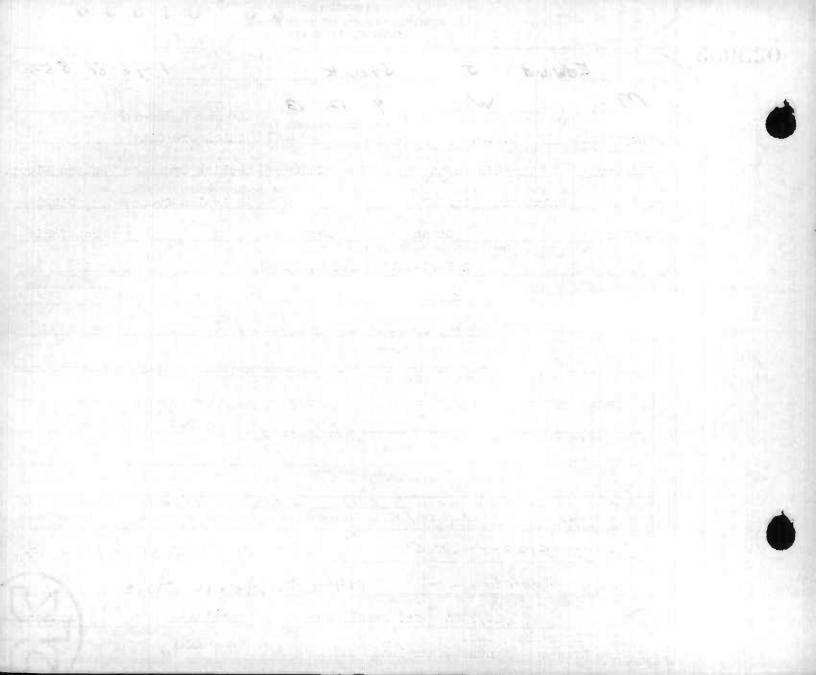
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CERTIFICATE OF DEATH

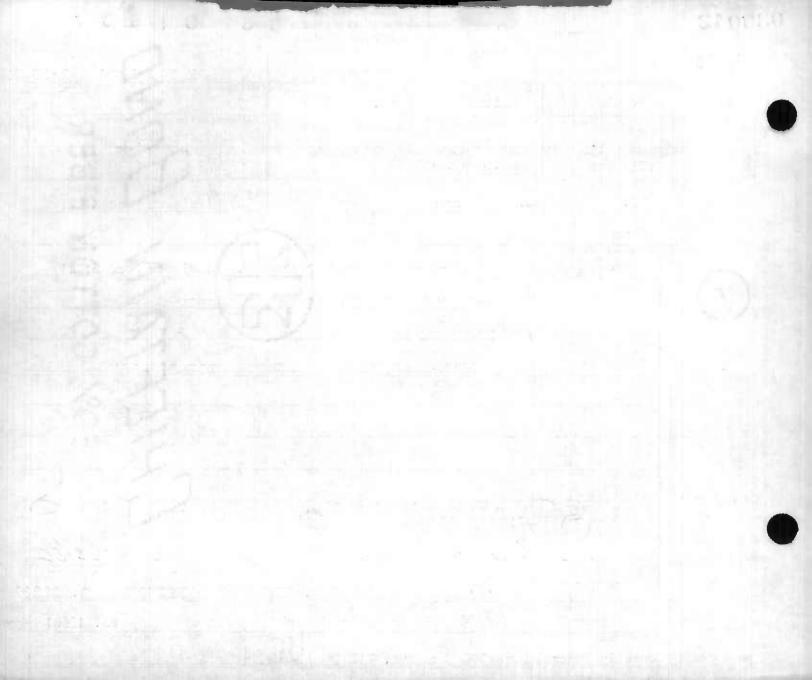
Н	1 -	STATE REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	0.		
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/		TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURS		R OTHER INS	TITUTION	176 USUAL OCCUPAT	ION		F BUSINESS OR
			Francis			lical C	enter	Machine O	perato	Weste	ern Elect
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2	II FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME		LAS	of T
1	Ni	cholas		Stanl	k	Ev	a			March	nefskie
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORM	ANT	ADDR	ESS		
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		underlying cause last	(10)	(AS A CONSEC	OLIVEE OI						
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n	#	710. ACCIDENT WAS UNDERLYING	110.10	FINJURY M. MONTH	DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 PAI	RT I OR PART 2)	
9	¥	OR CONTRIBUTING CAUSE OF DEA	111		19						
	MEDICAL	214 INJURY OCCURRED	71e. PLACE			21f LOCATE		CITY OR TO	laws	COUNTY	STATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFIC	E, FARM, ETC.)	STREE		Cittokie	,		31476
	3	22a.l certify that (I) (this hospi	(al) oftended the	e deceased from	1	113	19 86		16 ,1	9 50	that (1) (we) lost
	7	saw the deceased alive on abave, (1) (we) (did) (did na	1/	16 19	86,00	nd that in (my	(aur) apinian	death occurred an the o	ate and haur		
	- 3	27b. SIGNATURE	r) view rne body	affer death		DEGREE				27c DATE	SIGNED
,		Jours Cy	10/-	- por L	2	V4	ATTENDING PHYSICIAN F	MEDICAL STA	FF	11/	16/86
H		224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRE			1)		
		Gary Ap	plebe	2 km		494	OEas	stern	Ave	2	
		BURIAL, CREMATION, REMOVAL	73b DATE	23	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	Bu	rial	1/20/		St. Sta	nislau	S	Baltimor	е		Maryland
	24 FL	INERAL DIRECTOR Duda-F	auck, In	C . ADDRES	s	5 12 1	250. DAT	E REC'D BY REGISTRAL	256 REGISTR	AR'S SIGNAT	URE

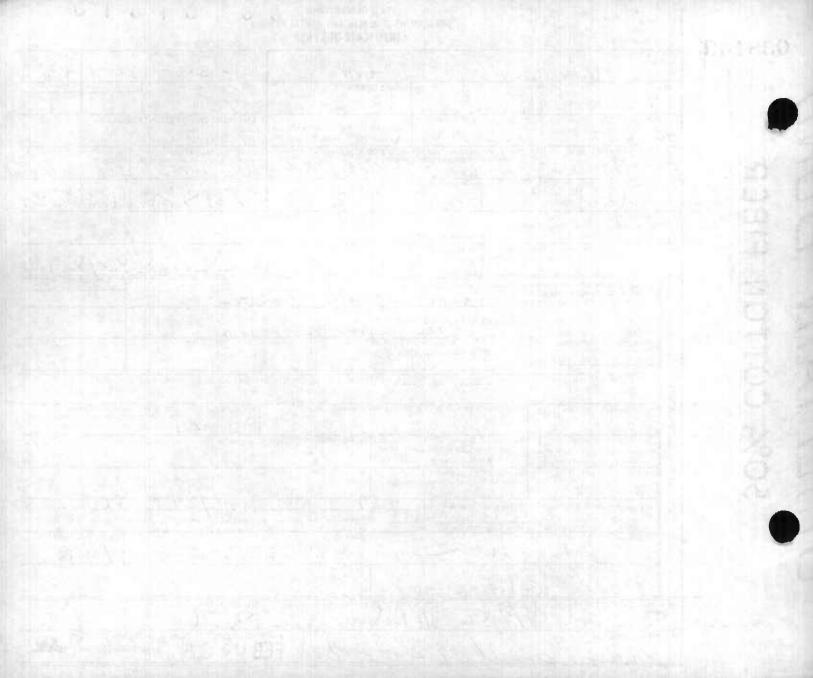
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Dundalk, Maryland



030042	1 -	FOR STATE REGISTRAR			DEP	RTMENT OF	HEALTH AND MENTAL HE IFICATE OF DEATH	PIENES C	NO.	60	7
8		CEASED NAME FIR	ST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
moy be poge 3			CLEN				TANTON	JANUARY		1986	2:25MP
4 mo	3 SE	Female	4 R	Whit	e		OF BIRTH	6 AGE (IN YEARS LAST)		MONTHS DAYS	HOURS MIN.
direc	70 BI	RTHPLACE STATE OR FOREIG	5N 7h (WHAT COUN	DV2 8		9 BALTIMORE CITY	OR COUNTY	OFDEATH	
un 72 h	1	Pa.		US		WIDO	NEVER MARRIED DIVORCED	Baltimo	Baltimore Cit		MD.
by the fu	1	TY OR TOWN OF DEATH Baltimore	110	Church	h Hospi	tal	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOusewife 12b. KIND OF BUSINES INDUSTRY			OF BUSINESS OR
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appletely ond 2 strong	19. F/	Unknown	MIDE	DIE	LAST		15. MOTHER'S MAIDEN NA FIRST Unknown				NST.
ico los		VAS DECEASED EVER IN U	S. ARMED		166 SOCIALS	SECURITY NO		ADD	RESS		
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en signed by the attern Then please remove or or to burial, cremation, injury, or other froum	IION		ofe the ost.	(b) L DUE TO, OI	R AS A CONSI	C HEZ EQUENCE OF RIOSLE	RT DISEASE		NDITION GIV	EN IN PART 1	
thos be	CERTIFICATION	190 DATE OF OPERATION				HICH OPERAT	ION WAS PERFORMED	280 AUTOPSY?	IN CERTI	S, WERE FINDS FYING CAUSE ES	
certificate irral-transi entol Hygi them 18 s		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEA		RRED (ENTER NATURE OF IN	JURY IN ITEM TR	PART I OR PART 2)	
ter this of is the bur hand Me rked or th	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE	OF INJURY REET FACTORY, OF	FICE FARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
L DIRECTOR: Afstoched for use a e Dept of Health		270.1 certify that the saw the draw thoughout the world of the same that	hospital	attended the	PV 23 after death.	9—86	and that in (my (aur) apinian	6 . toTANUAE death accurred on the MEDICAL ST DIRECTOR PHYS	date and hau	er and from the	that (I we) lost e causes stated
TO FUNERA should be de with the Stot		22d PHYSICIAN'S NAME PAUL GO	RMLE				27e ADDRESS CHUR 100 N. BR	CH HOSPIT OADWAY BA	AL CO		
BP	230 1	BURIAL, CREMATION, REM (SPECIFY) Remova		1/24			CEMETERY OR CREMATORY Memorial Park	23d LOCATION CITY OF TOWN Altoo	na	Pa.	1660 1
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME Connelly Fund	eral	Home '	300 Mac		DAA	TE REC'D. BY REGISTRA		TRAR'S SIGNA	





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be 3 coth	(114)	Char	les F.	Stedding. Sr.	Jan.	L9 86 M		
yor pod	3. SE		4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS		
ctor.		Male	White	MONTH DAY YEAR	77	AONTHS DAYS HOURS MIN.		
	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(2 8	9. BALTIMORE CITY OR COUNTY	OFDEATH		
1 1 55		COUNTRY) Md.	U. S. A.	MARRIED WINEVER MARRIED WINDOWED DIVORCED				
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g physic on pap		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), c SED BY: ATE CAUSE (a)	1 the lung of	retistatie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 4 4		
ndin corb oric			DUE TO, OR AS A CONSEQ	UENCE OF				
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of the oy the se rema		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF				
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phys phys tifico fl-tror m 18		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	DAY YEAR	THE TENTE OF MOON IN THE TENTE	ANTI ORTANI E)		
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O PH ortens orth	ME	WHILE NOT WHILE	AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE		
ING Affe 18 os 19 os 19 os 18					1	9/-		
OR ATTEND OR ATTEND or hospital or DRECTOR: , sched for use Dept. of Hea		220.1 certify that (1) (this has saw the deceased alive of above, (1) (we) (did) (did)	pital) grended the deceased from	86 , and that in (my) (auc) opinion	n death occurred an the date and hour	and from the couses stated		
		22h SIGNATURE	- 0 f	DEGREE ATTENDING	/ MEDICAL STAFF	221. DATE SIGNED		
E 9 10 0 5 5 1		22d PHYSICIAN'S NAME CLYPE	nue fern	PHYSICIAN 1220-ADDRESS A	DIRECTOR PHYSICIAN	1/21/88		
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Store UMPORTANT:		MANUEL	LEVIN M	U- 6/01 PARK	- HUTS AVE. 13A	tro MO 2/2/3		
⊼ 5 ⊢ ± 3 ₹	23a.	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION			
BP		Burial	1-22-86	arrison Torest Vet		county state		
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	3512 Fred		TE REC'D. BY REGISTRAR 25% REGISTA	PAR'S SIGNATURE		
(VRA 15, 4)	Ur.	Irinan Settu	JAB # 2	12-19	11/5 1 1300 Burnsh	avidour-lipinda		

130 STREET ADDRESS / ZIP CODE 204 N. Bethel Court MIDDLE ADDRESS Mytha Stennis 204 N. Bethel Court ELECTROMECHAMICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART ? CITY OR TOWN STATE 6 19 86, and that in (my laur) applian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CHURCH HOSPITAL CORPORATION 100 N. BROADWAY BALTIMORE, MD. 23a. BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY BURIAL Randallstown. King Memorial Park Md. 24 FUNERAL DIRECTOR 250. DATE REC'DOBY REGISTRAR 256 REGISTRAR'S SIGNATURE March Funeral Homes 1101 East North Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2b. HOUR

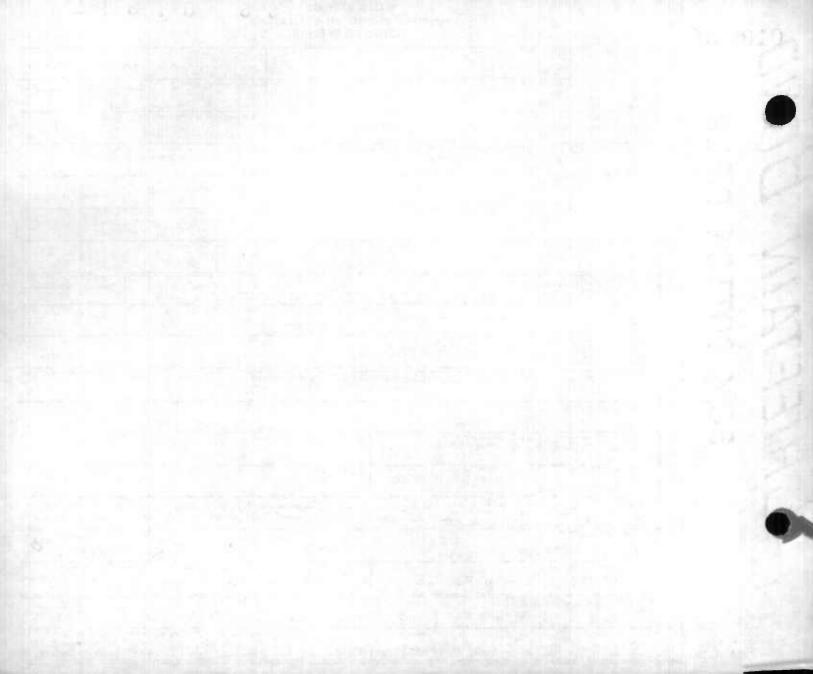
12b KIND OF BUSINESS OR

3:45 P. M

1986

REG. NO

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND CERTIFICATE OF BEATH

	REGISTRAR						REG.			
	CE ASED NAME	FIRST	N	AIDDLE	t.	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(TYPE	OR PRINT)	ARI	SARE	TA		STOREY		1-14	1-86	
3 SE	х	4	RACE		5 DATE C		6 AGE (IN YEARS LAST		F UNDER I YEA	
1	Femal	e	Caucas	ian	5 5	26 01	84	YRS	DAY!	HOURS M
	RTHPLACE (STATE OR F	OPEIGN 76	CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
	ruland		Imited.	States	WIDOWE		Baltin	nore Cir	ty	
10. C	ITY OR TOWN OF DEA	тн 11	. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS B & O ra	ATION TOF WORKING LIFE)	12b. KIND INDUSTR	OF BUSINESS
	Baltimore AL RESIDENCE (IF NURS			Agnes Hos			B & O Fa	uroua		
lila S		Howar	. 1/	13c. CITY OR TOWN Elkride	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	s / ZIP CODE gomery 1	Road	21227
N. FA	ATHER'S NAME					15 MOTHER'S MAIDEN N	AME			
/	John			gner		Caroline	MIDDLE		immer	nan
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT John	ı J. Wagner	RESS		133
	no			705-09-19	154	3920 Sadie 1	Rd. Randal	lstown,	Mary	land 21
	18 CAUSE OF DEATE	H (Enter only	ane cause per	line far (o) (b) and	le III				APPRO	XIMATE INTERVAL
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NO	gove rise to imm cause (a), statin underlying cause	nediate g the last	(b) DUE TO, OR	CATEDOM R AS A CONSEQUE	NCE OF	PRY THMI		padition Give	N IN PART	lio .
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AL CERTIFICATION	gove rise to imm cause (a), stofin underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	nediote g the last NIFICANT COI	DUE TO, OR (c) NOITIONS CO 196 CONDI 216. TIME OI HOUR A.A.	R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA	NCE OF DEATH BUT OPERATION	NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. IF YES, IN CERTIFY	WERE FIND ING CAUSE	INGS USED S OF DEATH?
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DHMH - 16 60M 7 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attershould be detached for use as the burnol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

OR ATTENDING PHYSICIAN: The law

8728 Liberty Road Randallstown, Maryland 21133

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

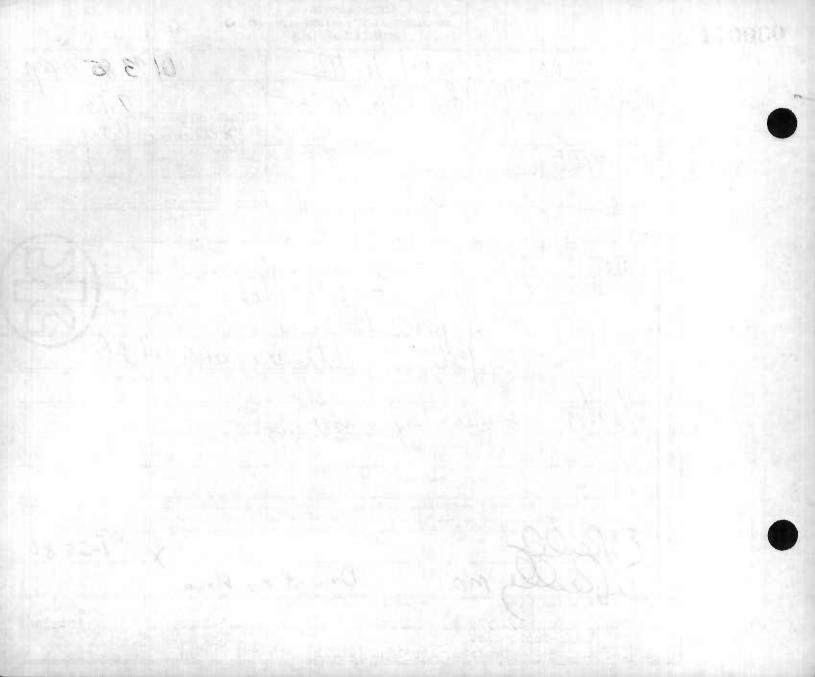
FOR - STATE REGISTRAR

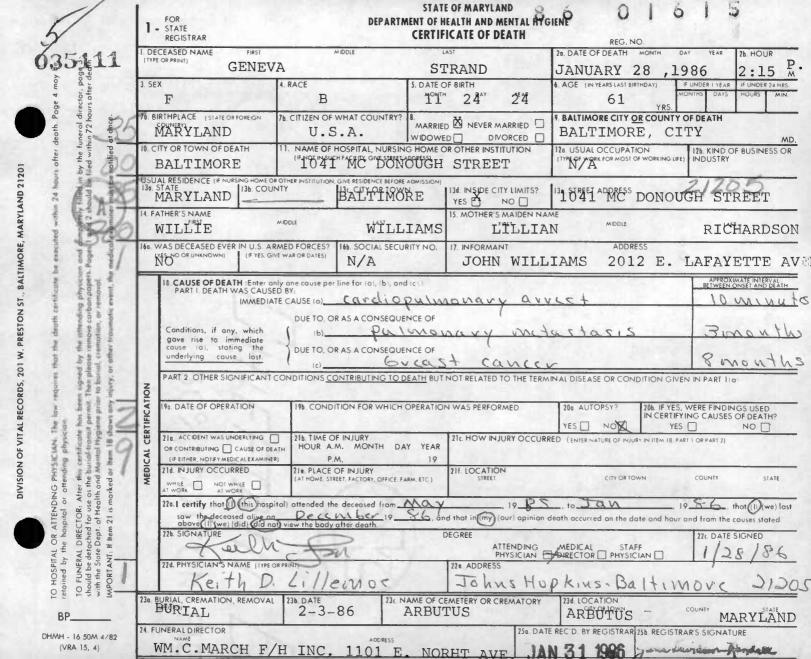
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

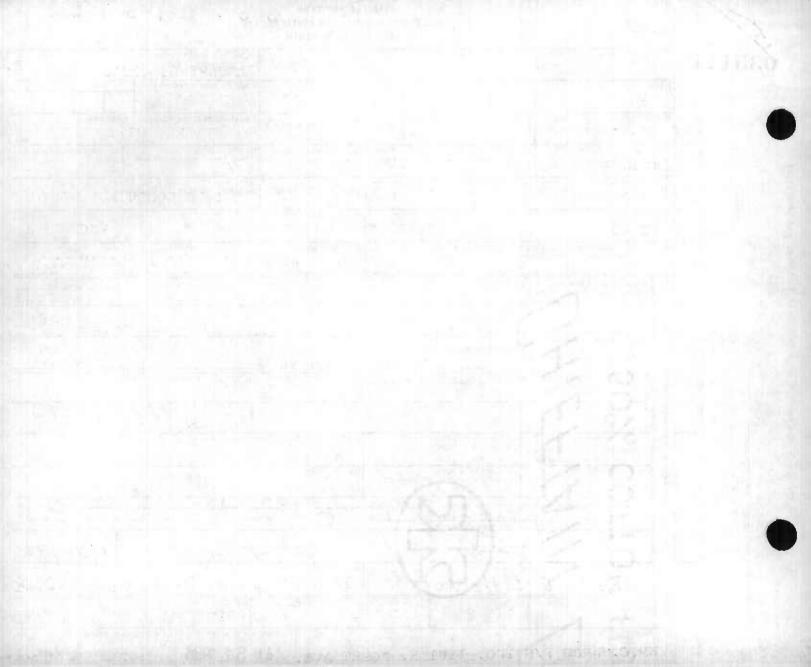
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	1	MALE		121	the	100	10 85	-		7 13	HOURE I PARK
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70	Jo	seph	I TYD	W.	Stern,	Jr.	Theresa			Davi	S
17		VAS DECEASED EV		MED FORCEST	166 SOCIAL SI	ECURITY NO.	17. INFORMANT		ADDRESS		To The
P		1/0		110		- ,	Joseph W. S	Stern. Jr.	Same	e as 13	e
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	z	PART 2 OTHER 5	IGNIFICANT	CONDITIONS CO	DATABUTING !	O DEATH BUT	NOT RELATED TO THE 1ET	RMINAL DISEASE OF	CONDITION GIVE	N IN PART TO	
4	CERTIFICATION	IN DATE OF ORE	forms	Tun cour	TION TORWIN	ALL CHEN PARK	IN WAS PERSONNED.	TON AUTOPSY	Tan myst	WERE FINDING	OF HEED
1	E C	9/27/	185	TV	1000	10.11	la Bolla		IN CERTIFY	ING CAUSES	OF DEATH?
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4		PHERAL DIRECTOR					1000	N 2 8 1986		Y Comments	
	19	22 Wise A	venue	Dun	dalk, M	aryland	21222 JA	4 0 0	(1)	-	- 1

DHMH - 16 60M 7/84 (VRA 15, 4)







DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial

24 FUNERAL DIRECTOR David Bellard -5151 Balto Nat Pike Baltom Md 21220

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Howard

Bemetery

25 HOUR

HOURS

126 KIND OF BUSINESS OR

Company

21228

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

STATE

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22c. DATE SIGNED

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IF UNDER 1 YEAR

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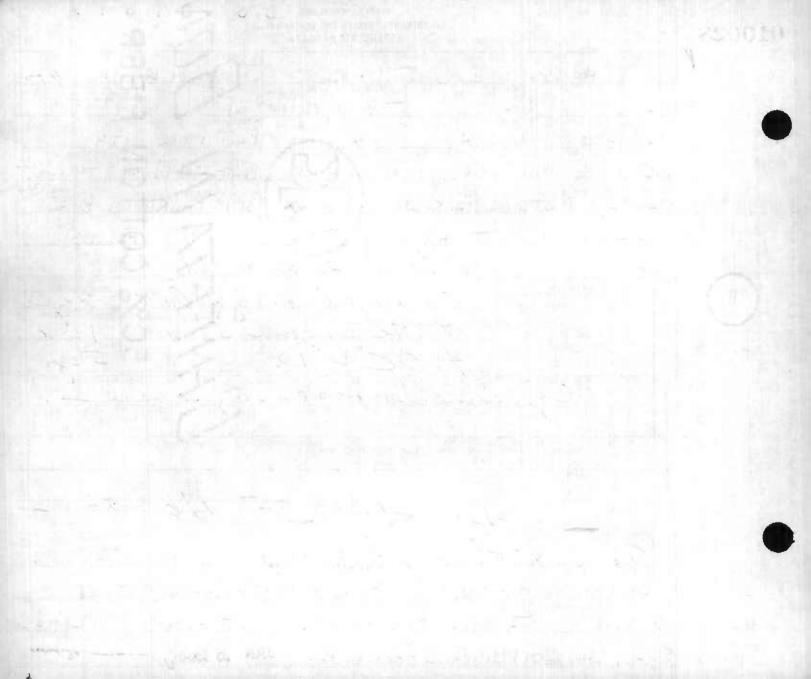
STATE OF MARYLAND

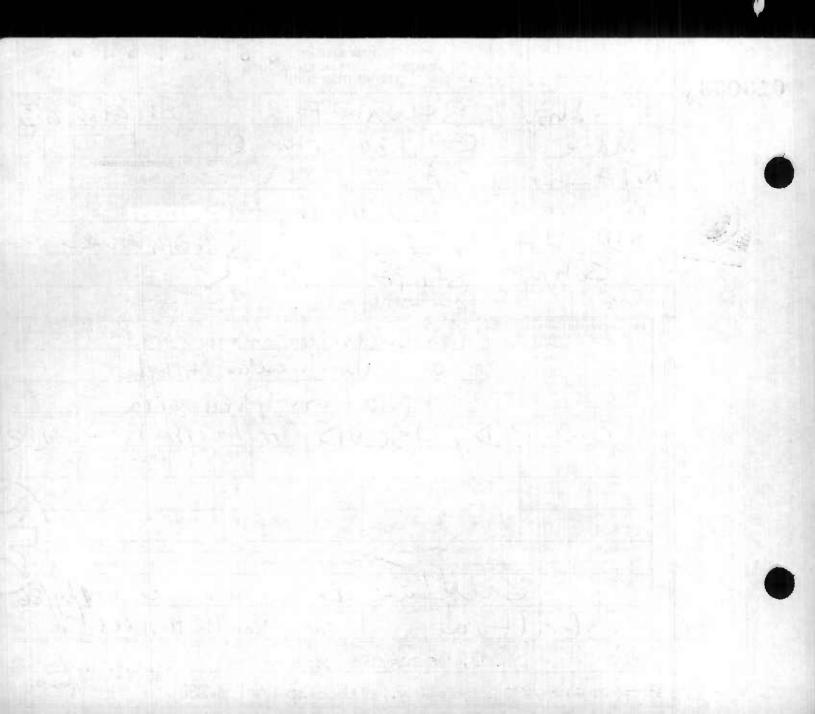
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEAT	TH .	REG. N	0.		
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V	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUT	ION	12a USUAL OCCUPATI		126 KIND OF	BUSINESS OR
1	BA	LTIMORE	Long (PRSSA MI	URST	no Home		BALTO FIRE	DEPT	CITU	1 GOV.T
1	13a S	L RESIDENCE (IF NURSING HOME OR TATE . 138 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LI	IMITS?	13e.STREET ADDRESS	ZIP CODE	_	21234
2	DE	ARYLAND BALT	mars	PARKVIL	2	YES NO	Aurora I	3019 PAG	RKTou	on Ro	DAC
5,	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MA	IDENNAM	E MIDDLE		LAST	
H.	C	HARLSS 1	J. 5	TUHR		JER	nis	M.		1510	5
7		AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRI	55	199	
	5	10		219 445	002	FAM	124	KECOROS			
		18 CAUSE OF DEATH (Enter or		line for (a), (b), one	d ici i	0		1	7	BETWEEN C	MATE INTERVAL DISETIAND DEATH
	35	PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (o)	Chr	Luo	Bulin	ma	us Had	und	4	M:
		175	DUE TO, O	R AS ALCONSEQUE	NC# OF	0		O of.		1	D
		Conditions, if any, which gave rise to immediate	(b)	acre	Ve.	pnes	un	one TI	1 -	1	Va.
		couse (a), stating the	DUE TO, O	R AS A ONSEQUE	MCE OF	1/1				5	
		underlying couse lost.	(c)_	1	1		<i>-</i> .			-	n
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NO RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	N IN PART 110	U
_	TIO	190 DATE OF OPERATION	The com	ner	OPERATIO	N WAS PERFORME	as	le, se	TOOL IE VEE	WERE FINDIN	100011000
1	CERTIFICATION	146 DATE OF OPERATION	198 COND	IIION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTIFY	NG CAUSES	OF DEATH?
	ERT	210 ACCIDENT WAS UNDERLYING) 21b. TIME C	FINJURY		121c HOW INJURY	OCCURRE	YES NO	YES		NO 🗌
1		OR CONTRIBUTING CAUSE OF DE	TH HOUR A.	M. MONTH DA				TO TENTENT OF THE		ON PART 27	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P. PLACE		19	211 LOCATION			-		
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.	ARM ETC)	STREET		CITY OR 10	WN	COUNTY	STATE
		22a I certify that (I) (this hospi	tal) attended 1th	e deceased from	70	2/23 19	85	to 1/	6 10	86	that (I) (max last
		saw the deceased alive on	12/	195	35. ar	that in (my)	pinion de	eath accurred on the de	ote and hour		
4		obove, (I) (did no 22b. SIGNATURE	View the body	offer deofn.		REGREE	-	,		22c DATE	
,		ha - h	7 1	- 00	- 9		DING A	MEDICAL STAI		Jen	2 1981
Н	100	224 PHYSICIAN'S NAME (TYPE	RPRINT	- Herry	-	226 ADDRESS	1			10141.	9,1100
		DR. MORMAN	R- FRS	5MANJ	R. V	4300	nor-	TH CHARL	55 5	TRAST	
	23a. B	URIAL, CREMATION, REMOVAL	23b DATE		AME OF C	EMETERY OR CREM	ATORY	23d LOCATION		To Man 1	
	6	URIAL	JAn. 8	1986 P.	05 G	ROVE CS	M.	MI. A.R.	4	COUNTY M	ARY LAGO
	24 FU	INERAL DIRECTOR			800		250. DATE	REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNATI	JRE
	21	rans CHAPSLO	PMSM	AUDRE 22	ARF	RO RO.	JA	IN 8 1986	11		Patheren

DHMH - 16 60M 7/84 (VRA 15, 4)

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	STATE	OFN	ARY	AND	a
DEPARTMENT	OF H	EALTH	AND	MENTA	LL PITGIE
CE	RTIF	ICAT	E OF	DEATH	1

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1	1-	REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO.		1
1		CEASED NAME	FIRST .	MIDDLE	l.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
ł		OK PRINTY	Harry	James	S.	cilin	5		1-	5-86	225 AM
1	3 SEX		(RACE	5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	-	nale	57/5	White.	MONTH	9 PAY	1894	91	YRS.	MONINS DATS	HOURS MIN.
d		THPLACE (STATE O	OR FOREIGN 76	CITIZEN OF WHAT COUNTE	RY? 8	□ NEVED !		9 BALTIMORE CITY		Y OF DEATH	
4	-	MISSOU	10	U.S.	WIDOWE	DE NEVER M	ORCED	Baltin	none	Citu	MD.
4		TY OR TOWN OF D		. NAME OF HOSPITAL, NUR	SING HOME C			120 USUAL OCCUPA	TION		F AUSINESS OR
8	20	Baltim	ore 1	(# NOT IN SUCH FACILITY, GIVE STI	HEET ADDRESS)			Party te	T OF WORKING LI	Property &	us+
7		L RESIDENCE HEN	JRSING HOME OF OTH	HER INSTITUTION, GIVE RESIDENCE BE							
Ы	13a. S	1 Ale	136 COUNTY	CA FILL T	L Call	13d. INSIDE CI	NO 🔀	3626 Va	. 1	Rd.	21043
1	14. FA	THER'S NAME	THOUSE	Circor	7	15 MOTHER'S			The state of	1000	
/	0	FIRST &	MIO	DIE SIAST	*	0	IRST	WIDDLE	0	lages 1AS	ī
4	160 W	AS DECEASED EVI		D FORCES? 166 SOCIAL ST	ECURITY NO.	17 INFORMAL	NT	ADD	RESS /2/ "	21 011	Ilen Rd
a		ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	1-9469	7	. 7	S.11: -	611:	the City	الما كان
1	7	5	100	1110		Ihom	3 4.	Jan 111/13	Cilico	APPROXI	AATE INTERVAL
1			WAS CAUSED E	/ · · · · · · · · · · · · · · · · · · ·		an	. A			BETWEEN	INSET AND DEATH
1			IMMEDIATE (-		un	e ye				
1				DUE TO, OR AS A CONSE	-						
1		Canditions, if as gave rise to i		(b)	LUM OT	Lean					
1		cause (a), sta underlying cau		DUE TO, OR AS A CONSE		us o	1.				
1		DARK C. CYLICO CA	C. UTIC CO.	(c) CQ (22311		-6 6			(5-1-11-15-15-1-1-1-1-1-1-1-1-1-1-1-1-1-	
1	z	PART 2 OTHER SI	GNIFICANI COI	NDITIONS CONTRIBUTING		NOTRELATED	IO THE TERM	INAL DISEASE OR CC	ONDITION GE	VEN IN PART IT	
-	CERTIFICATION	19a DATE OF OPER	PATION	1196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YE	S. WERE FINDIN	IGS USED
4	FIC	THE DATE OF CALL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 CONDITION (OK 111)					IN CERTI	FYING CAUSES	OF DEATH?
d	ERT	210. ACCIDENT WAS L	INDERLYING [21b. TIME OF INJURY		121r HOW IN	ILIRY OCCUPP	YES NO		BART I OR BART 2)	NO 🗌
è	185007	OR CONTRIBUTING		HOUR A.M. MONTH	DAY YEAR		ON OCCOM	TENTER NATURE OF IT	IJURT IN TILM ID	rani i On rani 2)	
9	MEDICAL	(IF EITHER NOTIFY MI		P.M.	19	21f LOCATIO	N				
	ME		WHILE	(AT HOME STREET, FACTORY OFFI	CE, FARM, ETC)	STREET		CITY OR	IOWN	COUNTY	STATE
		AT WORK AT V	WORK			1/20			1/1	8/2	
1	34		(1) (this hospital ased alive on	attended the deceased fro	91	1	. 19	, to death occurred an the	/ >		that (I) (we) last
1		obove H) (we	(digl) (digl not) +	new the body after death.	1	1	our opinion c	Jean occurred an ing	date and ha		
1		226. SIGNATURE	1/9	11		DEGREE	TTENDING	MEDICAL ST	AFF	22c. DATE	SIGNED
		201 211/15 15 15	VV			P	HYSICIAN [DIRECTOR PHY		1/5	9 +
1	9	22d PHYSICIAN'S	ME THE CH	1		22e ADDRESS					
1		1000	100 (20	prema	n		EV. I.A				
	23a B	URIAL, CREMATIO	N, REMOVAL	III DATE	-	EMETERY OR C		23d LOCATION CITY OR TOWN	0	COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

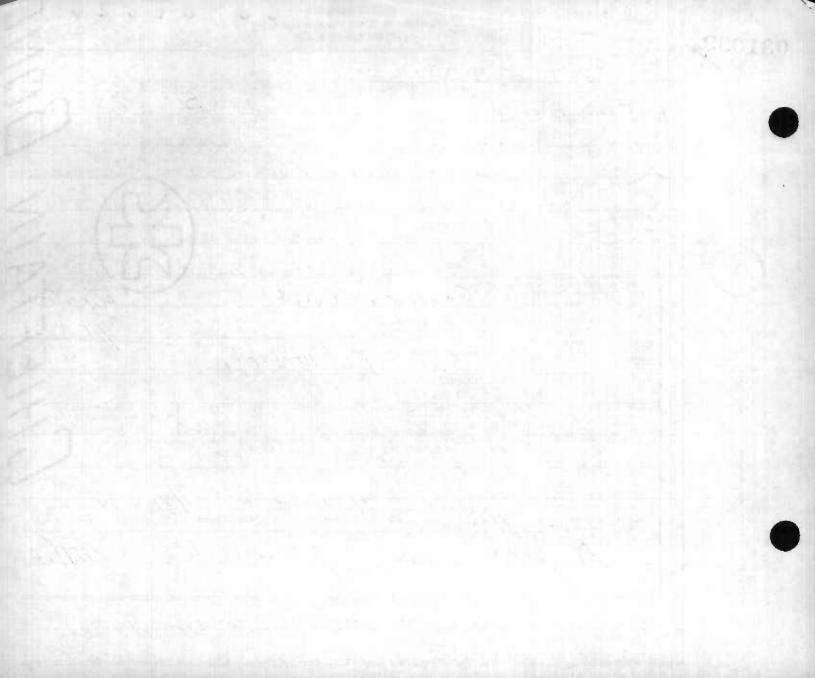
Funeral

Lake Charles Nem. PK

23d LOCATION CITY OR TOWN

STATE 250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

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BRIGHTON	AG	28 3M	MUZ	8939	XII
THANSINGER TIMONIUM, MO.	ME JEAN	-10-1623	216	2.3	Y

CHEMATION 1/12/85 CARROLL REMATION HAMSPTEAD, NO.

FOR

- STATE

. DECEASED NAME

REGISTRAR

AKA Tollis Swain

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

NE				
REG. NO:				
O DATE OF DEATH MONTH	DAY	YEAR 86	26 HOL	5 PM
AGE (IN YEARS LAST BIRTHDAY)		RIYEAR		24 H
71 YRS	MONTHS	DATS	HOURS	MIN.

BALTIMORE CITY OR COUNTY OF DEATH

176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

13e STREET ADDRESS / ZIP CODE

1926 Wilkens Avenue

COUNTY

STATE

Brown

2400 Tionesta Rd 21227

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

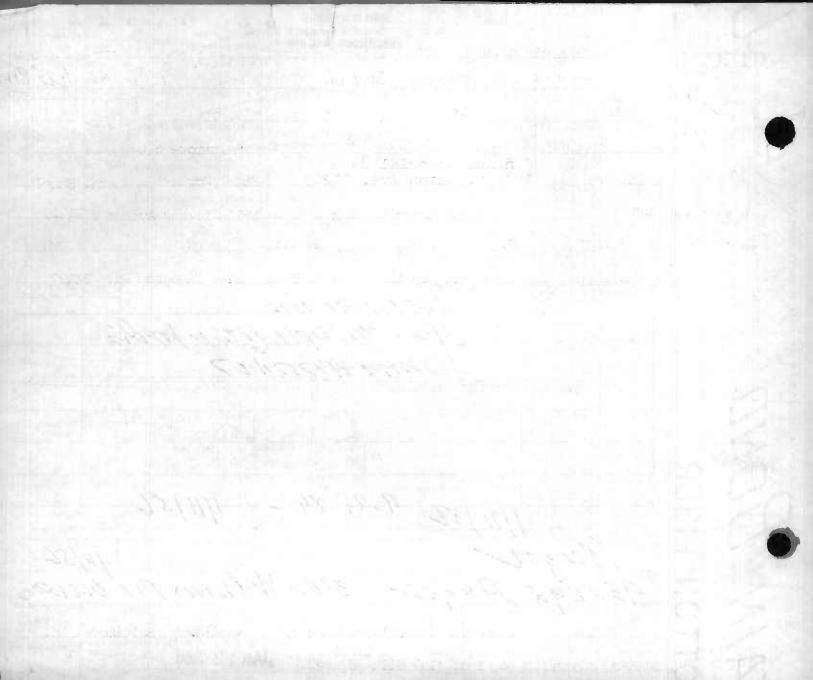
22c DATE SIGNED

DIRECTOR PHYSICIAN

Burial /15/86 Woodlawn Cemetery Woodlawn Baltimore 24 FUNERAL DIRECTOR

The DATE REC'D. BY REGISTRAR 256. REGISTRAR'S-SIGNATURE 21229 NAME ADDRESS ことというはいい Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

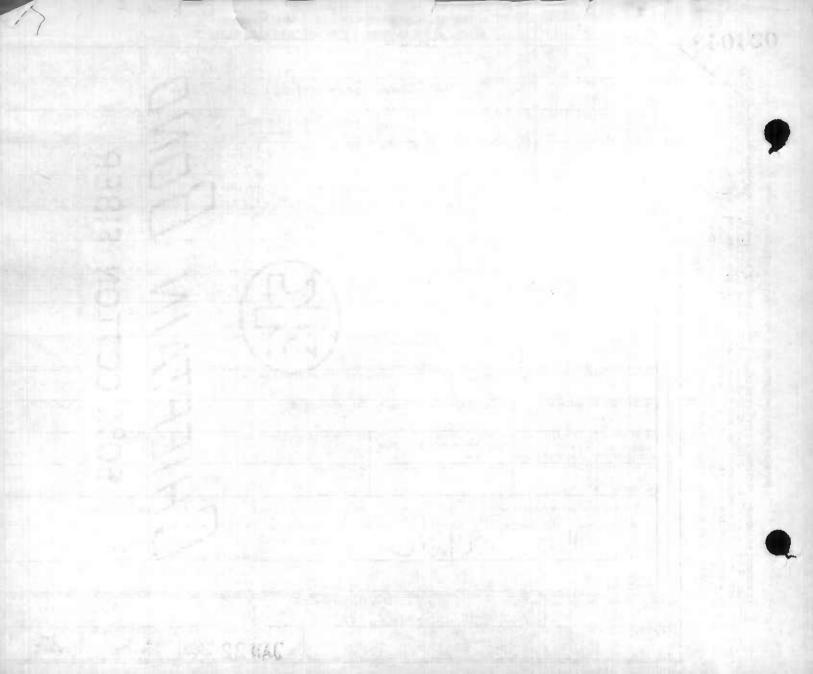
3		REGISTRAR				CEKITE	ICATE OF DEATH		REG. N	10.			
4		EASED NAME	FIRST	,	MIDDLE	Į.	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
ŝ	(TYPE	OR PRINT)	Mary		E.	5	Swonger			1	21	86	M
1	3. SE>	(4 RACE	W*	5. DATE C			AGE (IN YEARS LAST B	RIHDAY		RIYEAR	IF UNDER 24 HRS
		Female		Wh	ite	MONTH 5	8 1893		92	YRS	MONTHS	OAYS	HOURS MIN.
100		RTHPLACE (STATE	OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? B	D NEVER MARRIED	9	BALTIMORE CITY	OR COUN	TY OF DE	ATH	
7	Pe	ennsylvan	ia	U	ISA	WIDOWE			Baltim	ore C	city		MD.
2	13	Baltimore		CIF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE UChanan	T ADORESS)	21211		(TYPE OF WORK FOR MOST Housewill	OF WORKING		KIND O DUSTRY	F BUSINESS OR
- Distant	M	TATE TATE aryland	136 COUN		GIVE RESIDENCE BEFO 13c CITY OR TOV Baltimo	WN	13d INSIDE CITY LIMITS		3e STREET ADDRESS 4315 Buch	/ zip co anan	Ave.	2]	211
Æ.	14 FA	THER'S NAME		MIOOLE	LAST		15. MOTHER'S MAIDEN	NNAM	E	4		145	
8	1	Columbus		E.	Green		Sally		Ann		Ye	enes	k
		AS DECEASED EV		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADD	RESS	-275		
	(1	No			193-18-	-5740	William Sw	vong	er 3037 E.	Lm Av	e. 2.	1211	
1		18 CAUSE OF DE PART I. DEATH	WAS CAUSE	ly one couse per D BY: E CAUSE (0)	line for 101, (b), o	nd (CE)						APPROXI SETWEEN (MATE INTERVAL DISET AND GEATH
		Conditions, if o	immediate	(b)		rovasc.	1an D'80	in				yea	
9		underlying co	use lost	(c)	R AS A CONSEOU								
	NO	PART 2. OTHER S	IGNIFICANT C	CONDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	I AL DISEASE OR COM	ADITION G	SIVEN IN	PART lic	
7	CERTIFICATION	IN DATE OF OPE	RATION	I% CONDI	TION FOR WHICH	OPERATIO H	N WAS PERFORMED		28s AUTOPSY3 28s IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				OF DEATH?
7		21st ACCEPINE WAS OR CONTRIBUTING [19 ETHER, NOTIFY W	CAUSE OF DEA	TOTAL INCOMESCO CHANT	M. MONTH D	DAY YEAR	21r HOW INJURY OC	CURRE	D (ENTERNATION OF NO	are recitive to	1,7481 T OR	PART 2)	
	MEDICAL	WHILE IN HOLE	WHEE	ZIE PLACE C	DE INJURY IET, FACTORY, OFFICE.	FARM TTC.)	ZII LOCATION		CUY ON I	(ywni	- 0	(H/T	trait
		27x I certify that saw the deci	med alive on.	1/14/50	19	198	ul that in (my) (our) opin	nian de	to 1 2	late and h	19. 5		that (We) last
		276 SIGNATURE	bail	I Diac	.//	F.E.	ATTENDIN PHYSICIA	130	MEDICAL STA DIRECTOR □ PHYSI	CIAN [77	1 - 1	SIGNED.
		22d PHYSICIAN'S	NAME (TYPE O	~ ·	nond, 1	MD	35 M	C	Restau	AX	re	. >	11211
		URIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREMATO		23d LOCATION CITY OR TOWN		COUN	TV	STATE
		Burial		1/23/	/86	Mt. Ro	se Cemetery		York		8.	P	ennsylvar
	24 FI	NEDAL DIRECTOR					250	Sta test Conf	A STORY WE GIS TO	DIACL DECL	CTDABLE	DICALATI	A D

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

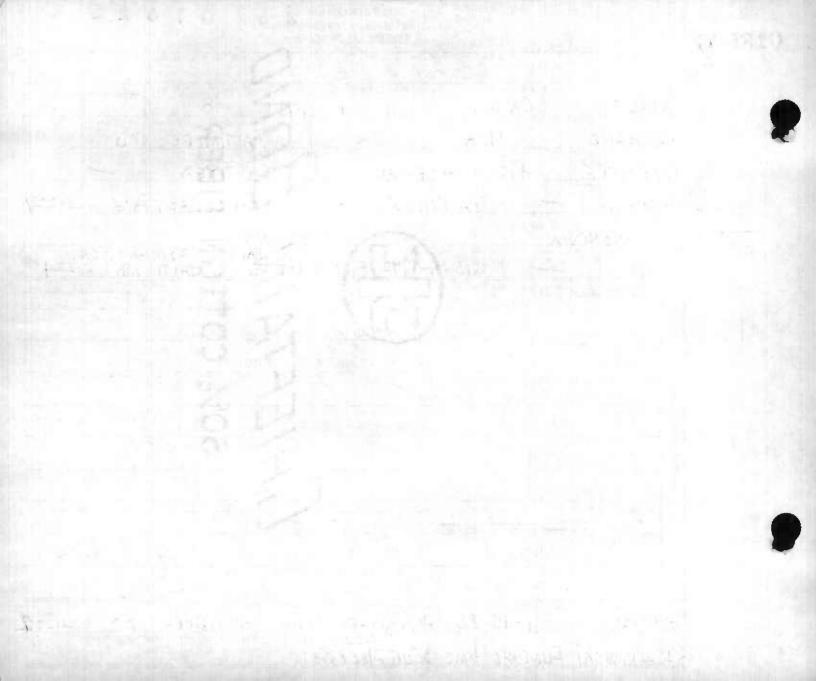
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, th

A. Alan Seitz, Jr. 3818 Roland Ave. 21211



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN [] (TYPE OR PRINT) Walter DEATH MATED X 86 Szymanski 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAYS PRONOUNCED :30 19 86 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Baltimore City NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS Baltimore ETIRED S. Luzerne Avenue 13d INSIDE CITY LIMITS? ARMED FORCES? CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)... DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | 101 CERTIFICATION Chronic Obstructive Pulmonary Disease, Gastrointestinal Hemorrhage 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC) CITY OR TOWN COUNTY Inspection XX 22a I certify that I taok charge of the remains described above, held on Autopsy Natural causes XX Undetermined manner Homicide TO FUNERAL DAFTER DEATH, Assistant MEDICAL EXAMINER EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 23d. LOCATION 07/84 **DHMH - 17** (VR A15 ME (5))

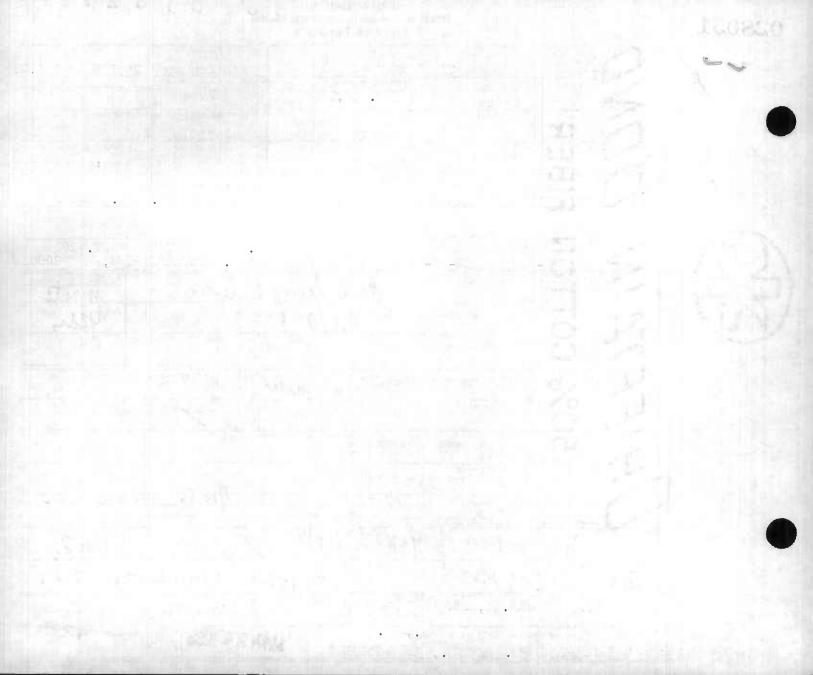
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UL	4027		REGISTRAR	FIRST	M	MIDDLE	EXAMIN	ER'S C	ERTIFIC	CATEC	F DEA			. NO.		-)	
			E OR PRINT)						LASI		5.79	20 DATE OF	KNOWN ESTI- MATED	MON X	ITH DAY		26. HOUR
	EASE TOR.	3. SEX		CLAUD:	IA WE	ssell			AYLOR					1	1	19 86	N
	DIRECTOR FOUR FOUNDAMENTAL PURPLE OUR FOUNDAMENTAL PURPLE ON STR		male	white	03 25	1965	6 AGE (IN YE.	MONTH		HOURS	MIN.	PRONOUNDEAD	NCED	1	1	19 86	12:40 P M
	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. ES FACRY YOUR FILES. ED WITHIN 22 HOURS WA PRESTON STREET,	7a. BI	RTHPLACE (5 REIGN COUNTRY) Md.	TATE OR	U.S.		NTRY?	8. MARRI WIDOW	ED NE		ED XX			YORCOL		DEATH	
	とことに 名人 人	B	altimor	e	II NAME OF HO	FACILITY, GIVES	ospita	1	ER INSTITUT		12a. USU		PATION RKING LIFE	(TYPE OF WO	RK 126 K	IND OF BU OR INDUSTI	ISINESS RY
21201	AND 3 TO AND SEA TO A SECOND SERVING SECOND	USUA 13a S	RESIDENCE TATE Md.	(IF IN HURSING HOME C 13b. COUN DO	OR OTHER INSTITUTION,	GIVE RESIDENCE	OR TOWN	ON)	13d. INSIDE (1 YES 🏝	TY LIMITS?	13e SIRI	EET ADDRE	oad	Ave.		2164	3
MD.	- New May	14 FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NNAME		AIDDLE			LAST	
	YSa777		Richa		Ira	Tayl			Pe	ggy		TV.			Wes	sell	S
BALTIMORE,	S AFTER DE GIVE PAGE ITH FORM PAGES VA PAGES VA PAGES VA	16a. V	VAS DECEASEI	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	100	2-80-7		17 INFORM	gy W	. Ta	aylo	ADDR	POB Hurl	429 lock		1643
100	MANUAL PROPERTY OF THE PROPERT		IB CAUSE O	F DEATH (Enter onl	D BY:			٦.	72 =		15					APPROXIMATE TWEEN ONSET	INTERVAL I AND DEATH
STON	Ser	-7	815	IMMEDIAT	c chose (o)		-cereb		rauma								
-	SEACH SEACH		gove ris	ns, if any, which ie to immediate	(b)						L						-
S, 201 W.	SENTE SENTE		lying cau		(c)		ASEOUENCE (N		
ECORD	PEDENCY MEDING' MEDICAL AS A BU EALTH AN CREMAT	NOI		GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	ATEO TO THE TERM	INAL DISEASE	OR CONDITION	GIYEN IN PA	RT 1 (a),						0
ITAL R	HOULD WED "PROPERTY OF HE.	IFICAT	19a. DATE OF	OPERATION	19h. CONE	ITION FOR	WHICH OPER	ATION W	AS PERFOR/	MED?	Sel.		T's		20	AUTOPSY?	Жои
DIVISION OF VITAL RECORDS,	NER: THIS CERTIFICATE SHOULD BE EXECATE, WRITING THE WORD "PENDING FORWARDED TO THE CHIEF MEDICAL PAGE 3 SHOULD BE USED AS A BLIFF STATE DEPARTMENT OF HEALTH ABITHE STATE DEPARTMENT OF BURNAL, CREMAN	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS	HOUR A		DAY YEAR		OW INJURY						-		NOA
OISI	SHC SHC	DIC	21d IN ILIRY C	CCURRED	21e PLACE	OF INJURY	28- 19 85 (AT HOME,	21f. LO	senger	c In	auto	rixe	a op	ject	1mpa	Ct.	-
No.	WARDE WARDE PAGE 3 TATE DI	WE	WHILE AT WORK	NOT WHILE AT WORK	-	oad	TC.)	1	mar Ro			alisb			COUNTY COM	ico	STATE
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABALIMORE, MARKLAND, 2	1	220 I certil death resulte	y that I took charg	e of the remains d	Accident	NF I	Autops	y , Hamici			Inquiry ermined mo	onner [and in my	apinion		
	RE, W.	7	ACTUAL SIGNATURE.	////	non	1		М.	D. Assi		MEDI	ICAL EXAM	AINER	DA1 SIG	IE 1	L-2-86	5
	AGE 4 S FUNE FTER DE	-	EXAMINER'S (TYPE OR PRI		M. Dixor	n, M.D			ADDRESS	111 F	enn	St.,	Balt	.o., N	4D 2	21201	
07/84	BP BP	23a.BU	buria	TION, REMOVAL 2	1/5/86		NAME OF CEA				Rive	CATION OR TOWN Verto	on	Wico	OUNTY Om i C	o M	ď.
25M	DHMH - 17 (VR A15 ME (5))		NERAL DIREC				BRIDGE	10/-	2	5a. JAN		R1986		SAPE	Na NA	Pand	

JAN 9 1986 Juniter Property

022011	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGTENE 6 0	1630
4 may be or, page 3 offer death		CRAIL CRAIL	F. BLACK	JAYOR S. DATE OF BIRTH MONTH DAY YEAR	26. DATE OF DEATH MONTH	/18/86 1120 M
ter death. Page he funeral direct within 72 hours (jed at offee.		RHPLACE (STATE OR FOREIGN OUNTRY) MD,	75. CITIZEN OF WHAT COUNTRY U. S.A. 11. NAME OF HOSPITAL, NURS	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	A BALTHAORE CITY OR COL	UNTY OF DEATH CL + MD. 112b. KIND OF BUSINESS OR
hours of hours of a in by it be filed	USU. 13a. S	Oltimore KLRESIDENCE (# NURSING HOME ON TATE D. 136. COUR	R OTHER INSTITUTION GIVE RESIDENCE BEFORMTY	More YES NO	3725 Towa	21415
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201 W. PRESTON ST., BA		PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b) of ED BY: TE CAUSE (b) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	DENCE OF		BETWEEN OWNE AND DEATH
DIVISION OF VITAL RECORDS, 2) NO PHYSICIAN: The law requires after this certificone has been signe as the build-fromit permit. Then p th and Mental Hyperis prior to bur porked or frem 18 shows only injury.	MEDICAL CERTIFICATION	190. DATE OF OPERATION 1 2 8 6 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	196. CONDITION FOR WHICE 196. CONDITION FOR	DAY YEAR	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
DIVISIO OR ATTENDAGO PHY No Hospital or attenda DRECTOR After the Oched for use on the bi Ochet of Health and A If hem 21 is morked or	MED	sow the deceased alive an	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE and the deceased fram 19 21 view the body after death.	Jo	ion death occurred an the date on	d hour and from the causes stated
TO HOSPITAL TO HOSPITAL TO CHREBAL Should be det with the Store IMPORTANT,		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	rson MI 1236 DATE 1236	PHYSICIAN 270 ADDRESS INAME OF CEMETERY OF CREMATOR PROUTUS Mem. H	· Hospita	COUNTY MA STATE
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	ET, ET,			FRAI	NCES	М.		TAYLOF	3.	DEATH MATED	□ 1-13-	8619	M
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	AND 3 TO THE FUN RETAIN PAGE 5 F SHOULD BE FILED, W RECORDS ON W		ITY OR TOWN O	FDEATH	11. NAME OF HOS	SPITAL, NURSING HO			12a USUAL	OCCUPATION (T		KIND OF BU	SINESS
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ALI	A SINE		NO			UNKNOWN		ANTHONY	TAYLOR	2048 F. F	FAYETTE	STREET	
1	UURS AFTER DEATH. II 18. GIVE PAGES 1, 2, WITH FORM PM 3, III. PAGES 1 AND 2 S ; DIVISION OF VITAL		18 CAUSE OF	DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	Y 5 9 8 7		PARTIDEA	TH WAS CAUSEI	TE CAUSE (a)	Ethanolis	sm	TEN IN					
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- M		CERTIFICATION	19a DATE OF C	PERATION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY?	
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0	HE WENTER	1 4	UNDERLYING			MONTH DAY Y	EAR						
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-	E, WRITING THE WO RWARDED TO THE C PAGE 3 SHOULD BE STATE DEPARTMENT.		AT WORK	AT WORK									
	A S S S S S S S S S S S S S S S S S S S		22a I certify	that I took charg	e of the remains des	scribed abave, held a	n Autop	sy X, Inspe	ection	nquiry .	and in my apini	on	
	MAN HE FINANCE OF THE PROPERTY		death resulted	from: Natur	ral causes X	Accident ,	Suicide	, Hamicide	Undeterm	ned manner],		
	AN WELL			Mari	7 /	(V 00		TITLE (SPECIFY	Y)				
	A 프로		ACTUAL SIGNATURE	MUULA	no III	& frell	N	Assist	ant MEDICA	LEXAMINER	DATE .	1-14-86	
	NE SET TET TET TET TET TET TET TET TET TE		EXAMINER'S N	1			22.44	_	444 5	G1 1			
	AED GE 4 FUN FUN	-	(TYPE OR PRINT	()	Marga	ritaA. Kor	ell,M.	ADDRESS		n Street			
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P	23a B	URIAL, CREMATE					R CREMATORY	23d. LOCA	TION	COUNTY	MADVI 4	WID
07/84	BP		BURIA		1-17-86	MOUNT	ZION		LA	NSDOWNE		MARYLA	ND
25M	DHMH - 17		UNERAL DIRECT	OR	A 1 O ADDRESS			25a. D/	ATE REC'D. BY RE	and the same of th	E. C. Service	There is	
	(VR A15 ME (5))	WM.	.C.MARCH	F/H INC	. 1101°E.	NORTH AV	ENUE		JAN 16	1986 90	Mary Hall	W- Klauken	South

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital on otherding physician. TO FUNERAL DIRECTOR After this certificate has been signed by the other direction completely filled in by the funeral direction page.	should be detached for use as the burial-transit permit. They please remove attract many 1 and 2 should be filled within 72 hours after deatly with the State Dept. of Health and Mental Hygiene prior to burial, cremation, crematically in the State Dept. of Hem 21 is marked or them 18 shows any injury, or other transmissional exchange must be notified at Space.
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	REGISTRAR								
	CEASED NAME FIRST		WIDDLE	L	LAST	20. DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
(ITTE	RICHA	RD	В.	TA	YLOR, SR.	January	17,	1986	
3 SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	
	Male	White		2-	-12-1927 YEAR	58	YRS		HOURS M
o B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	TY OF DEATH	
	Va.	U.S.		WIDOWE	ED DIVORCED	Baltimore	e Cit	у,	
	Baltimore	(IF NOT IN SUC	2 Arabi	a Ave.	DR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Mechanic			OF BUSINESS
	AL RESIDENCE (IF NURSING HOME STATE 136 CO		130 CITY OR TO Balto	OWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 5502 Arab			4
4 FA	ATHER'S NAME FIRST Thomas	MIDDLE	Taylor		Helene	WE	Co	chell	st
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDR			
{	YES, NO OR UNKNOWN) (IF YES, W	IVE WAR OR DATES)	231-24	-4187	Adelene M. T	Caylor, Same	e as	13e	
	18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b)	ond (c).)					XIMATE INTERVAL
	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)			is or L	int		30,141	mus
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSE						
ATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	ONTRIBUTING	OUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF Y	ES, WERE FIND	NGS USED
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CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, O (c) CONDITIONS CI 196 COND ATTHE HOUR A	ONTRIBUTING T	TO DEATH BUT		200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDS	NGS USED S OF DEATH?
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	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (18 EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE AL WORK AL WORK 27a. I certify that (14 this has saw the deceased alive a above (19 (we)) First (14).	DUE TO, O (c) CONDITIONS CO 196. COND 196. COND 196. COND 196. COND 216. TIME CO HOUR A. HOUR A. ER) 21e. PLACE (AI HOME STI	ONTRIBUTING TO THE PROPERTY OF	DAY YEAR 19 1CE. FARM. ETC)	21t. HOW INJURY OCCURR 21f. LOCATION SIREE1 , 19	200 AUTOPSY? YES NO NO NO NED (ENTER NATURE OF INJUITY OR TO	20b. IF YIN CERT	ES, WERE FINDI TIFYING CAUSE: YES B PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH? NO STATE that (we)
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DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 6 IENE REG. N	0 1	6 3	3			
IDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
3	aylo	r	1/4/8	6		M			
31.37	5. DATE C	FBIRTH	6 AGE (IN YEARS LAST B	HRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
2	MONTH)/9/41 YEAR	44	YRS.	MONTHS DAYS	HOURS MIN.			
VHAT COUNTRY?	8	D. VEVES LOSES D	9 BALTIMORE CITY	OR COUNT	TY OF DEATH				
A	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore, City						
FACILITY, GIVE STREET A	ADDRESS)	Home)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST			F BUSINESS OR			
Baltimo		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP COL	ŧt Sţ.	21230			
Lor		15 MOTHER'S MAIDEN NAME FIRST	WE	Tayl	146				
166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDF	RESS	TEX.				
214-40-	-2732	Brenda East	ton 1015	Ster	rett St	21230			
CARDIO-		IONARY AR	REST		BETWEEN O	MATE INTERVAL ONSET AND DEATH			
AS ACONSEQUE	NCE OF								

(YES NO OR UNKNOWN)	[IF YES, GIVE WAR OR DATES]	214-40-2732Brenda	Easton	1015 8	Sterret	t St 21230
18 CAUSE OF DEAT PART I. DEATH W	(H (Enter only one couse per VAS CAUSED BY: IMMEDIATE CAUSE (a)	CARDIO-PULMONARU	APRES	iT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	mediote	R AS A CONSEQUENCE OF				
PART 2 OTHER SIGN	APOUSE	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DI	SEASE OR CON	DITION GIVEN IN	PART IIa
190 DATE OF OPERA	TION 194 COND	ITION FOR WHICH OPERATION WAS PERFORM	ED 200 YES	AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?

CERTIFICATION OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

IGNATURE

FOR

FIRST

4 RACE

Blac

US.

76 CITIZEN OF

11. NAME OF H

Tay

Robert

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION 130 STATE 1136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE REGISTRAR DECEASED NAME

TYPE OF PRINTI

Md.

Md. 14 FATHER'S NAME

Male TO BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Baltimore

Herman

3. SEX

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR 19

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC | STREET CITY OF TOWN NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did nat) new the bady after death

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Cem.

and that in (my) (aur) opinion death accurred on the date and havi and from the causes stated 22r. DAJE SIGNED

STATE

STATE

[TYPE OR PRINT]

22e ADDRESS

23d. LOCATION

23a	BURIAL, CREMATION, REMOVAL
	(SPECIFY)
	Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be deta with the State [FUNERAL

MPORTANT

orked or hem

24 FUNERAL DIRECTOR

1300Eutaw Chas.A.Rice

236 DATE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Auburn

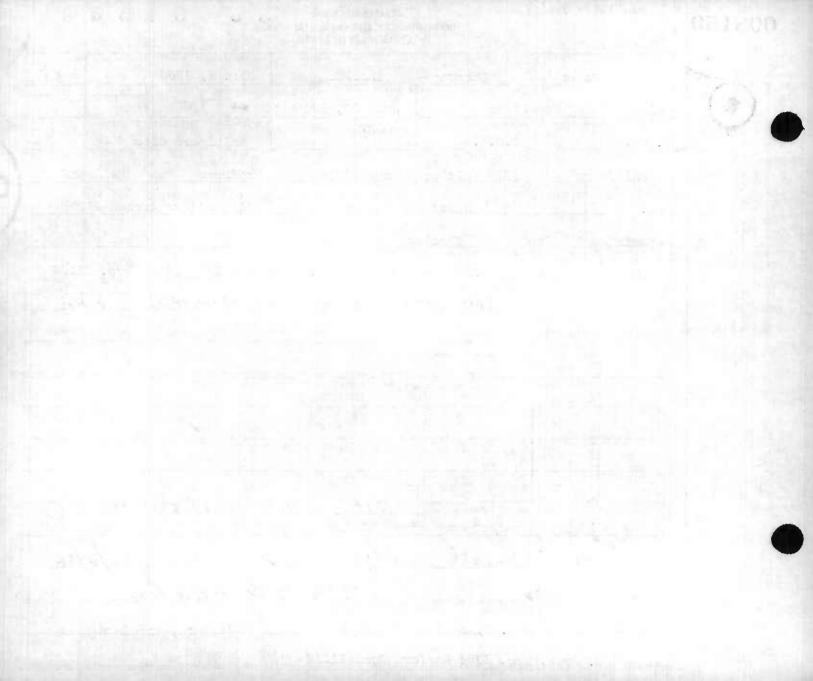
CITY OF TOWN

Westport

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE y una windson- Handalac

COUNTY

of the lateral and the second second Anermali LAPLICE CONTROL OF ALL DEADS



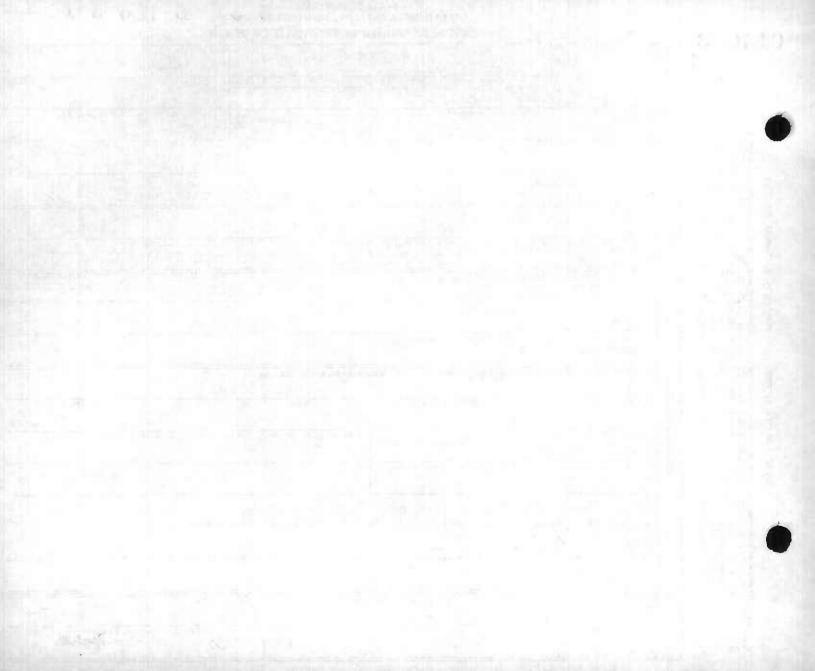
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003.100			EASED NAME	FIRST		WIDDLE			LAST			20 DATE	KNOWN	K) MON	TH DAT	YEAR	26 HOUR	
% ~ ~ × × × ⊢		(ITPE	OR PRINT}	JANE				T	HEBE		79.7	OF DEATH	ESTI-	1	4	1986		
A SE SE SE	200	3. SEX		4. RACE	S. DATE OF BIRTH		6. AGE (IN YEAR	s IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATI		H DA		26 HOU		
Z Z R R R R S R S R S R S R S R S R S R			emale	White	MONTH DAY	YEAR	53 YRS	MONTH	S DAYS	HOURS	MIN	PRONOU DE AL	NCED	1	1	00	1:15	
SAR DAL	20		RTHPLACE (S)		76. CITIZEN OF W	16. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR CO												
E, MD. 21201 ATH. IF ANY DELAY IS NECESSARY PLEASE S1, 2, AND 31O THE FUNERAL DIRECTOR. PM 3, RETAIN PAGE 5 FOR YOUR FILES, VID 2 SHOULD BE FILED, WITHIN 72 HOURS, VINTAL RECORDS, 201 W, PRESTON STREET.	11		REIGN COUNTRY)		U.S.			WIDOW	and the same of	VER MARR DIVORC	1000	1	timor	_			ME	
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A POST	201	В	altimo	re	4601 E.								KKING LIFE)					
ANN ANN ORD	-		LRESIDENCE		OR OTHER INSTITUTION, G	WE RESIDENCE	OR TOWN		13d. INSIDE C	ITV I IMITCO	liza STD	EET ADDR	ESC		7			
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MD. MD. M. 3. M. 3	3	14. FA	THER'S NAME						15 MOTHE	ER'S MAIDE				Hamer			0.5	
DEATH DEATH GES 1, M PM AND OF VIT	(50)		FIRST		MIDDLE		LAST		F	IRST			MIDDLE			LAST		
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BALTIM S AFTER GIVE PA ITH FOR PAGES	1		s, no, or unkno J nkn.	(IF YES, GIVE	WAR OR DATES)									3				
BAL BS AI GIV PAC DIVIS				F DEATH (Enter on	ly ane cause per line	for (a) (b) and (c))									APPROXIMAT	E INTERVAL	
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9 2 NO	NA.	5/3	No. 7"	IMMEDIA	TE CAUSE (a)		NSEQUENCE O						1000					
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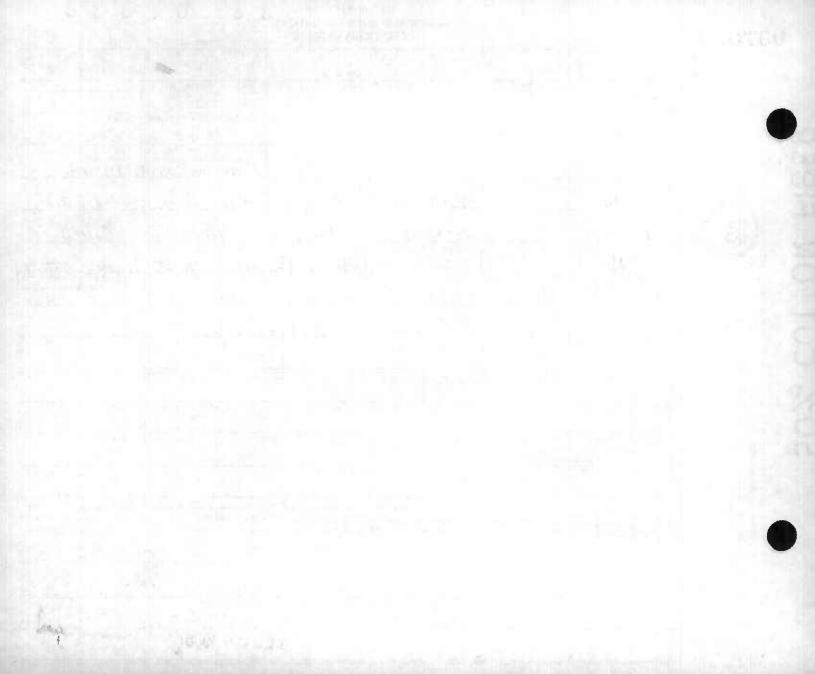
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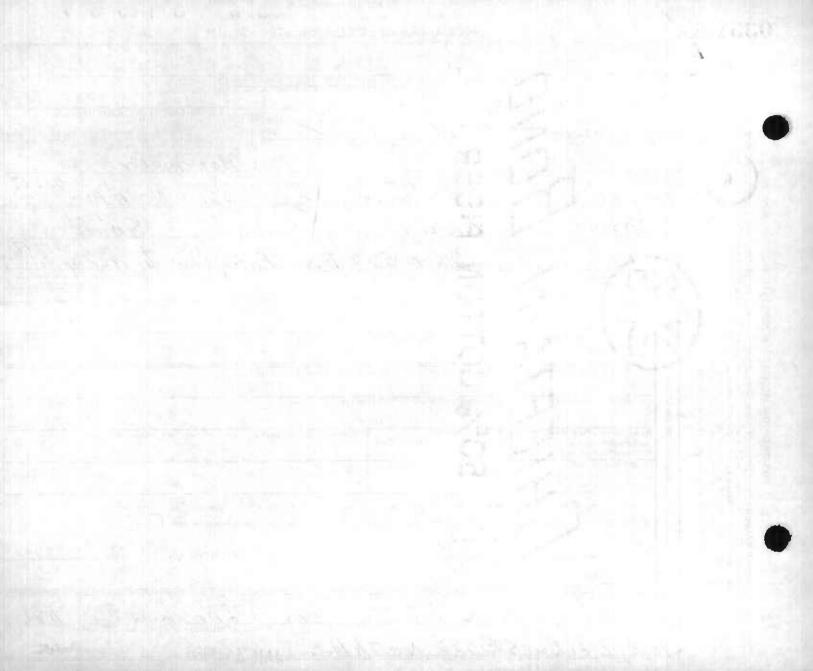
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	18 CAUSE OF DEA	TH (Enter only o	ane cause per line f	or (a), (b), and	(c).)				APPROXIM BETWEEN ON	ATE INTERVAL
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	BILL SE	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DE Baltimore UAL RESIDENCE (IF IN NI STATE MARYLAND 14 FATHER'S NAME JOHN 16. WAS DECEASED EVER (YES, NO, OR UNKNOWN) NO 18 CAUSE OF DEA PART 1 DEATH V Conditions, if gave rise to cause (a) statin lying cause lost PART 2 OTNER SIGNIFICAL 19c. DATE OF OPER 21d. EXTERNAL CAL CONTRIBUTING ACCOUNTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUT	REGISTRAR I. DECEASED NAME VPE OR PRINT) EARL SEE A RACE M B BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND II. CITY OR TOWN OF DEATH BALLIMOYA II. LARSIDENCE (IF IN NURSING HOME OR C STATE MARYLAND III. COUNTY MARYLAND III. CAUSE OF DEATH (Enter only of part 1 DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 7 OTNER SIGNIFICANT (ONDITIONS COUNTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DE. 71d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. 71d. INJURY OCCURRED WHILE OF OPERATION AT WORK AT WORK	TARL SEARL SEA	TATE REGISTRAR I. DECEASED NAME REGISTRAR II. DATE OF BIRTH MONTH DAY VEAR REGISTRAR II. DATE OF WHAT COUNTRY? III. NAME OF HOSPITAL, NURSING III. NOT WHILE III. STREET, EACTORY, FARM, ETC.) III. ST	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C DECASED NAME THE OF PRINT) EARL TH B 3 25 60 25 YRS. BIRTHPLACE (STATE OR FOREIGN COUNTRY) FOREIGN COUNTRY) BALTIMOTE WIDOW MARY LAND U.S.A. BALTIMOTE JOHN HOPKINS HOME STREET ADDRESS) IN COUNTY MARY LAND IN CITY OR TOWN OF DEATH BALTIMOTE JOHN HOPKINS HOME STREET ADDRESS) IN FATHER'S NAME JOHN HOPKINS ANDLE THOMAS IS COUNTY MARY LAND IN FATHER'S NAME JOHN THOMAS IS COUNTY MARY LAND IS COUN	DEPARTMENT OF HEALTH AND MENTALE MEDICAL EXAMINER'S CERTIFICATE OF MEDICAL EXAMINER'S CERTIFICATE OF DEFENSE MEDICAL EXAMINER'S CERTIFICATE OF THOMAS SER MARCE S. DATE OF BIRTH MONTH B. 3. 25 60 25 YRS. BIRTHPLACE (STATEOR FOREONCOUNTRY) MARYLAND DIO. CITY OR TOWN OF DEATH BALTIMOYE BALTIMOYE JOHNS HOSPITAL, NURSING HOME, OR OTHER INSTITUTION RESIDENCE (B' BIN NURSING HOME OR OTHER BISTITUTION, QRIVE SESSIONCE BEFORE ADMISSION) BALTIMORE MARYLAND JOHNS HOSPITAL, NURSING HOME, OR OTHER INSTITUTION BALTIMORE WAS DECEASED EVER (B' BIN NURSING HOME OF OTHER BISTITUTION, QRIVE SESSIONCE BEFORE ADMISSION) BALTIMORE IN FATHER'S NAME JOHN THOMAS IN FATHER'S NAME IN CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF VIEW, AND	DEPARTMENT OF HEALTH AND MENTALTY CATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH THOMAS SEA A RACE S. DATE OF BIRTH MONTH B 3 25 60 25 yrs THOMAS SEA A RACE S. DATE OF BIRTH MONTH B 3 25 60 25 yrs MARRIED NOWING DATS TOURS MINI PRONOUNCE BRITHLACE (STATE OR TOURS) MARYLAND U.S.A. IN INAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION MARYLAND WIDOWED DNORCED SHATIMOR Baltimore Johns Hopkins Hospital Johns Hopkins Hospital JOHN HOSPITAL JOHNS HOPKINS HOSPITAL JOHNS HOPKINS HOSPITAL JOHNS HOPKINS HOSPITAL JOHNS HOPKINS HOPKINS BALTIMORE JOHNS HOPKINS JOHNS JOHNS JOHNS JOHNS HOPKINS JOHNS HOPKINS JOHNS HOPKINS JOHNS JOHNS JOHNS JOHNS HOPKINS JOHNS HO	DEPARTMENT OF HEALTH AND MENTALSTYCKNE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DEPARTMENT OF HEALTH AND MENTALSTYCKNE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DEPARTMENT OF HEALTH AND MENTALSTYCKNE AMORE THOMAS DEPARTMENT OF HEALTH AND MENTALSTYCKNE PROMOTION THOMAS DEPARTMENT OF HEALTH AND MENTALSTYCKNE THOMAS DEPARTMENT OF DEATH THOMAS DEPARTMENT OF HEALTH AND MENTALSTYCKNE THOMAS THOMAS DEPARTMENT OF HEALTH AND MENTALSTYCKNE THOMAS DEPARTMENT OF HEALTH AND MENTALSTYCKNE THOMAS THOMAS DEPARTMENT OF HEALTH AND MENTALSTYCKNE THOMAS THOMAS THOMAS DEPARTMENT OF HEALTH AND MONITOR OF HEALTH ON THE OF HEALTH ON THE OF HOLD WORK H	SERIES MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REG





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	7a. B	IRTHPLACE ISTATE OF	76. CITIZEN OF WHAT COUN	NTRY?	RRIED AVEVER MARRI	ED 9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	11-11
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PA PE		AT WORK				• ·			
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E#0#5		death resulted from: Nat	tural causes X	Suicide L	, Homicide .	Undetermined manner].		
AN MEDERA				~/	TITLE (SPECIFY)				
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MEDICAL CUTE THE SE 4 SHO FUNERAL FRINGRE, TIMORE,	1	EXAMINER'S NAME	cococa, D. Vouffe	on M D	11	11 D Ob			
A SECOND			regory R. Kauffr	lan, M.D.	_ADDRESS	ll Penn St.			
E05549	23o.B	URIAL, CREMATION, REMOVAL	23b. DATE (3c)	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	COUNTY	ST	ATE /
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	24. F	UNERAL DIRECTOR			25a. DATE R		EGISTRAR'S SIGN	NATURE	11.
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	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE O REG. NO.	1 6 4 0
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by the filed with	S B	TY OR TOWN OF DEATH ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE	715	129 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY HOSPITAL
in 24 hour y filled in should be er muss be	S 130. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	ITY I3c CITY OR	IMORE YES X NO	2505 RIDGLE	EY ST. 21230
ampletel ond 2 s	1	THER'S NAME FIRST HARRISON		CHER ELIZABE	TH	BURLEY
oe execution on a control of cont		VAS DECEASED EVER IN U.S. ARI (ES, NO DEUNKNOWN) (IF YES, GIVI	E WAR OR DATES)	SECURITY NO. 12 INFORMANT 2-9923 CIRSE TI	HOMPSON 2505 I	RIDGLEY ST.
ate by physicia and papers emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	ly ane cause per line far (a), I D BY: E CAUSE (a) CATA	io regarday a	ent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or the death or the attending se remove corb cremation, or rother traumatic.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	preumona	(U4) 7
R	NO	PART 2 OTHER SIGNIFICANT C	10	OTO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OF CONDITION	N GIVEN IN PART 110
0	CERTIFICATION	190 DATE OF OPERATION	gargian	HICH OPERATION WAS PERFORMED toes (39 - 4th	200 AUTOPSY? 20b. I YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
of physics of the control of the con	6	210. ACTIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?}
Offenda Offenda No fee by Ne de by Med or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME STREET, FACTORY, O	FFICE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
opholos CTOR A for use of Health		22a.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not		-1	ta death accurred an the date and	d have and from the causes stated
AL DREAM OF THE NO. CAL DREAM OF THE		The Signatura Auge	WH	DE GREE ATTENDING PHYSICIAN		121. DAJE SIGNED
O FUNE mould be the St three St		Nichda 1	D. Age	to Dut of the	d. Univ. Hogy h	Q 275 Grand
BP		URIAL, CREMATION, REMOVAL	1-13-86	230 NAME OF CEMETERY OR CREMATOR MOUNT AUBURN	RY 23d LOCATION CITY OF TOWN BALTIMORI	E MARYLAND
DHMH - 16 60M 7/B4 (VRA 15 4)		UNERAL DIRECTOR M. C. MARCH F/H	I TNC 1101	RESS ROPTH AVE	JAN 1 0 1986	BISTRAR'S SIGNATURE

Deliner with the to the total of the Same (De change & hypore, " Mar 2 2 of the Land of the Contract ("1-" Short Browning don't !! p/1 21 -5451 Removed from the delivery that the the time

017140	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 0 1	0 4 1
	1. DECEASED NAME FIRST	WIDDLE	LAST		AY YEAR 26. HOUR
oy be loge 3 death	(TYPE OR PRINT)	ONA IRENE	THOMPSON	1- 1.	3_86 1215 PM
moy po	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
ctor s of	Female	White	October 20.1915	70 YRS	ONTHS DATS HOURS MIN.
od 02 66	70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
the second	Maryland	United States	WIDOWED X DIVORCED	BALTIMORE CITY	MD
à 11 2/2	OCITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
10 00 1	BALTIMORE	UNION MEMORIA		Seamstress	Clothing
AND 212	IJu. STATE 13b C	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 130. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	8338 Forrest Dr.	./ 21122
RYL ST White	14) FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA		1461
WA be		muel Smith	Florence		liano
ORE, xecu	160 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS 240	Luff Ct.
TIM S. Po	NO	215-28-	9143 Mr. Joseph		dena. Md. 2112
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hou ottending physicion. When this certificate has been signed by the ottending physicion and cantibles. Minds as the buriol-transit permit. Then please remove carbon papers. Ponce many found in and Mental Hygene prior to buriol, cremation, or removal. orked or them 18 shows ony injury, or other troumatic event, freemediate remaining and a state of the property of the pro	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DIATE CAUSE (0) CANALO PA DUE TO, OR AS A CONSEQUE (b) CANALONS DUE TO, OR AS A CONSEQUE (c) SUSSECUTION TO CONDITIONS CONTRIBUTING TO	ENCE OF ENCE OF	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED (ING CAUSES OF DEATH?
VITA VITA ysicio cote ronsit Hygie 18 sh	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
ON OF VITA IYSICIAN: T ding physici sis certificate buriol-transi Mental Hygi			AY. YEAR		
IVISION UG PHYSI ottending ter this ce is the burn h and Mer	OR CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
NDIN of or use of Health		ospital) attended the deceased from	1-10 19.80	, 10, 1	9 YC, that (It (we) last
ATTE OSpirt d for d for m 21		not) view the body after death.		death occurred on the date and hour	
TAL OR A by the hosy RAL DIREC detoched tote Dept	228. SIGNATURE	e Good	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1-13-86
TO HOSPITAL retoined by the TO FUNERAL should be detoined by the Stote with the Stote IMPORTANT: II	5.6	ood	Balto.	mounity Pkwas	1-
	23a. BURIAL, CREMATION, REMO		en Haven Mem. Park	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR			Glen Burnie, Ann	
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME	3204 Mount 1 Home/ Pasadena,	BIH NO.	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE

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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

1 - STATE REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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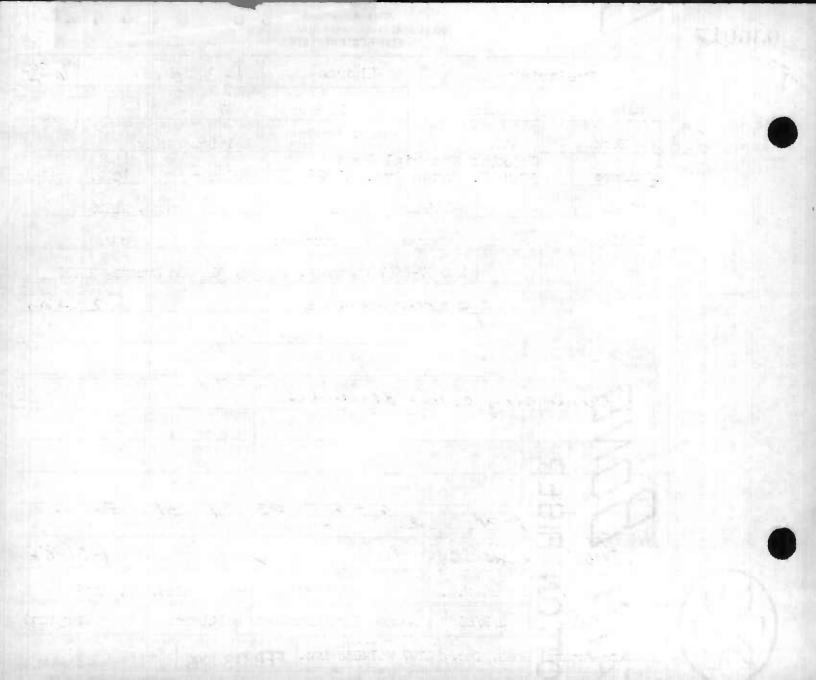
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REG. NO

r. poge 3			
the funeral directors of within 72 hours o	(1	N. BON
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the literature director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbonapers. Pages 1 and 2 should be literature.		IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical explained apys be with a state of the state of th	
ohysicion and compopers. Pages 1 or	novol.	ent, the medical ex	/
by the ottending p	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other froumotic ev	
hos been signed I	ene prior to buriol	ows ony injury, or	6
ter this certificate	h and Mental Hygi	rked or them 18 sh	
AL DIRECTOR: Af	ate Dept. of Health	T. If Hem 21 is mo	
TO FUNER	with the St	IMPORTAN	

		DECEASED NAME FIRST Frederick			AIDDLE	Thorne		20. DATE OF DEATH	MONTH 1	DAY YEAR	26. HOUR 0
ł	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	, M	Male		Whit	:e	3 MONTH	31 1898	87	YRS	MONTHS DAYS	HOURS MIN.
7a,BIRTHPLACE (STATEORFOREIGN 7b COUNTRY) New York			76 CITIZEN OF			D NEVER MARRIED DIVORCED	BAltimore city o	_	OF DEATH	MD.	
7	Baltimore			Jen 1000 S	Caton	CHOME PROTTE INSTITUTION		120 USUAL OCCUPATION [1YPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY			F BUSINESS OR Devilbis
	130. STATE		13b. COU		GIVE RESIDENCE BEFORE 136 CITY OR TOWN BALLIMON	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 919 Joh Ave			
0	14 FATHER	R'S NAME FIRST		WIDDLE	LAST	100	15 MOTHER'S MAIDEN NAM			LAS	
4		hilip			Thorne		Harriett			McGraw	
	TYES. NO	DECEASED EVER OR UNKNOWN)		VE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT	ADDRE			-1933
		10			212-07-6		Leona M. Tho	rne, 919 Jol	n Aver		
		PART I. DEATH W	AS CAUSE	D BY:	line for (o), (b), one	d (ct.)				BETWEEN	MATE INTERVAL
			IMMEDIA	TE CAUSE (o)	preu	m	onia				03/13
	Co	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (1b)									
	go	gove rise to immediate couse (a), stating the underlying couse lost									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								EN IN PART 10	0
1	CERTIFICATION 130° F	19a. DATE OF OPERATION 19b. CONDI			TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.				Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 P	PART T OR PART 2)	
	21d.	21d, INJURY OCCURRED 21e. PLACE C					21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	0.0	22a.l certify that (I) (4ths haspital) attended the deceased from							3/		that (th (we) lost couses stated
		obove, #1) we) (did) (did not) view the body offer death. 27th. SIGNA (LIRE JULIAL VIEW CL.)				MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	126 DATE:	SIGNED 1-86
		PHYSICIAN'S N.			9		22e ADDRESS			A 14 9	
	Lie	urence	R. Ga	llager,			3455 Wilkens		to. M	d. 2122	9
	{SPECIF	Buria	removal 1	23b. DATE 2/3/	86 Z3c N	oudon	Park Mausoleu	Balleimore	9	соинту Ма	aryländ
		ALDIRECTOR	neral	Home T	nc., 4004110	7 1471 2		REC'D. BY REGISTRAR	10		
-	TIGO	Dala ru	icrai	HOIR, 1	110., 410	, AAT 11	Kella Ave.	B 03 1986	- Viant	Tavidon 7	andete

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
,		CEASED NAME FIRST		MIDDLE	17.07	LAST	20 DATE OF DEATH		YE AR	26 HOUR
	HITTE	BENJAMI	N Ni	el THO	ORNTO	N	JANUARY 4	1. 1986	5	11:10
	3 SEX		4. RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) II	F UNDER 1 YEAR	IF UNDER 24 HRS
	1	Male	Whi	te	MONTI	18 1927	58	YRS	ONTHS DAYS	HOURS MIN.
1		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
7		Maryland	U.S	S.A.	WIDOW		BALTIMO	DRE CI	TY	MD
	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATE			F BUSINESS OR
1	BAI	LTIMORE /		HNS HOPK		OSPITAL	Illustrate			Gov't.
1		AL RESIDENCE LIF NURSING HOME CONTACT		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
2	Ma		timore	Dundalk		YES NO X	1923 Inver		1. 2122	22
AND I	14 FA	ATHER'S NAME	WIDDLE	LAST	9.075	15 MOTHER'S MAIDEN NAM	MIDDLE		IAS	
20	/ E	Benjamin	A.	Thornto	on	Ruth	Veda			zard
1		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
4		Yes W		220/18/	4419	Eileen J. Th	nornton (sar	ne as :	13e.)	
		18 CAUSE OF DEATH (Enter of	nly one cause per	line far (a), (b), an	dicii	^	1		BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	Cardio 1	alm	mary Arrey	/-		less	Itan 1 m
			DUE TO, O	R AS A CONSEQUE	ENCE QE	/ 11 0	/		111	ear
		Canditions, if any, which	(b)_	End stay	e Ca	ige cell ty	mproma		1//	-
		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
		underlying couse last	(c)							
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART I	
-61	CERTIFICATION	14 DAYS OF ODSDAY/ON	Lin co.in	TION FOR WAR	0050.7.0		Les de Consula	Tan 15 1150		
L	14	19a. DATE OF OPERATION	140 COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
91	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME C	E IN HIDV		Tale HOW IN HARV OCCURR	YES NO	YES		NO [
1	1.4.6	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PAR	IT I OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P. PLACE	M.	19	211 LOCATION				
17	MEE	WHILE NOT WHILE		REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	W	COUNTY	STATE
H	-	AT WORK AT WORK				11/10 05	1/1/		02	
		220 I certify that (this hosp saw the deceased alive a	1/1.	e deceased fram	76	nd that in (my) (aur) apinian d	teath occurred on the do	te and how	and from the	hat (I) (we) lost
	-3	abave, (I) (we) (did) (did n	ot) view the body	after death		DEGREE	- Commercial of the de	Te diid iloof (22c. DATE	
		Anne	m			ATTENDING	MEDICAL STAF		1/6	185
\vdash		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			122a ADDDESS	DIRECTOR PHYSIC		DEMAT	/
		ARIL P.	IMAM			600 N. WOLFE	JOHNS HOPKI			21205
	23a B	BURIAL, CREMATION, REMOVA	236 DATE	[23 <i>c</i> N	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	JI IMOR	، کلایا ب	21203
		(SPECIFY)					CITY OR TOWN	MaxxI	COUNTY	STATE
	24 FL	Burial UNERAL DIRECTOR _	_1_1/_1/_1	700 IHO	TIA H	ill Mem. Garde	REC'D. BY REGISTRAR			

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Walter Brooks Bradley Inc. Balto., Md. 21222

1011,59 Page 28 JPD 412 of Demille Domu Diames. NS-34-03.8 Reported Films Tracked extraction According of the long Justin D. Kelma Sertenten hin Ret mo

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MARYL	
, 201 W. PRESTON ST., BAITIMORE, MARYLAND 2	
N ST., B	
PRESTO	
, 201 W	
DIVISION OF VITAL RECORDS,	
OF VITA	
DIVISION	

022022	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENT CATE OF DEAT			0 1 EG. NO.	6 4	5
. m.s		CEASED NAME FIR		MIDDLE	LA	Sī		20. DATE OF DE		DAY YEAR	26 HOUR
poge 3		BE:		THUSS				1/13/			N
fter p	3. SE		4 RACE		5. DATE O	Day 9	EAD	AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
oge -	1	FEMALE	WHIT		8 /	, 27	932	53	YRS.		
leoth. Po	9	RTHPLACE (STATE OR FOREK COUNTRY) J.S. —P.A.	76 CITIZEN O	F WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRI		CITY	CITY <u>OR</u> COUNT	Y OF DEATH	WE
by the tu	0 CI	BALTIMORE	(IF NOT IN SI	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET AGNES HOS	ADDRESS)	R OTHER INSTITUTI			UPATION MOST OF WORKING L	IFE) INDUSTRY	OF BUSINESS OR
24 hour	USU/ 13a S	AL RESIDENCE (IF NURSING HETATE 13)	OME OR OTHER INSTITUTION COUNTY BALITIMORE	13c. CITY OR TOW	E ADMISSION)	13d INSIDECITY LIV		3e.STREET ADD	RESS / ZIP COD	E	227
thin thin	H. F.A	THER'S NAME		1-41-41		15 MOTHER'S MAIL	-0	E			
b apple	0	Daniel	WIDDLE	Collins	5	Elva	a		anche	Gre	owden
ž 0 0		VAS DECEASED EVER IN U	S. ARMED FORCES?			17 INFORMANT		27.	ADDRESS	- GI	Iwden
med med	/ "	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	220-30-	-7868	C. Will	liam	Thuse	Balti	more l	MD.
(0)		18 CAUSE OF DEATH (E)	nter only one couse of				de de Carri	THESS	nairi	APPROD	XIMATE INTERVAL ONSET AND DEATH
New York		PART I. DEATH WAS	AUSED BY:	Respir	1	Faile	220			SELVICEN	ONSET AND DEATH
ding arba ar re		104//4		OR AS A CONSEQU		1					
deoth tren ton, sumo	1	Conditions, if ony, wh		Histoc		Lymi	Shor	na			
by the o		gove rise to immedia couse (a), stating	ote	OR AS A CONSEQU	1						
gned n ple burso ry, or		PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO T	HE TERMIN	IAL DISEASE OF	CONDITION GI	VEN IN PART 1	0
The rigin	CERTIFICATION	SIP	Donau	ename	roker	De un	1 PM	17. lu	3.		
ow ramit.	CAT	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED		200 AUTOPSY		S, WERE FINDE	
the long.	Ē					4.5	4 3	YES NO		ES [NO [
hysicate ronsi Hyg	G	210 ACCIDENT WAS UNDERLY	110110	OF INJURY A.M. MONTH D	AY YFAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
SICLA gg P certif riol-tr	CAL	OR CONTRIBUTING CAUSE	OF DEATH	P.M.	19						
PHYS ndin d Me bur	MEDICAL	21d INJURY OCCURRED	LAT MOME S	E OF INJURY	ARAA ETC)	211 LOCATION		CIT	Y OR TOWN	COUNTY	STATE
offer the han	2	AT WORK NOT WHILE									
NDI Por Se of Se of		220.1 certify that (I) (thus			1/6	, 19	86	_, to	/1)	19 36	that ((we) lost
TTE PP10		obove (1) we) did (did not) view the bod	ly ofter death.	56 , and	that in (my) (our)	pinion de	oth occurred on	the date and had	ur and from the	causes stated
OR A DIRECTOR		226. SIGNATURE	41.	_	C	EGREE				22c DATE	SIGNED
Al (the deto off II. If		Da	NAB	rend.	9	ATTEN	ICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	1/13	2/86
HOSPIT FUNER FUNER Sould be ORTAN		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS					
TO HOSPITAL efoined by the should be detained with the State IMPORTANT. If						St. Agn	nes H	lospita	1 Balt	imore.	MD
56 543 3		SURIAL, CREMATION, REM	OVAL 23b. DATE	230 1	NAME OF CE	METERY OR CREMA		23d. LOCATION	V	COUNTY	STATE
BP		Burial	Jan.	16,1986	Sunse	t Memor	cialP				STATE
DHMH - 16 60M 7/84		INERAL DIRECTOR					250 DATE	REC'D. BY REGIS	TRAR 256 REGIS	TRAR'S SIGNA	OKE A MID
(VRA 15, 4)	V	Villiam G.	Kight	Cumber 1	and,	MD		JAN2O	1986	in ilustice	mentered - va

77.02.20

Jaltimore

Daniel E. Collins Elva slanche Growden

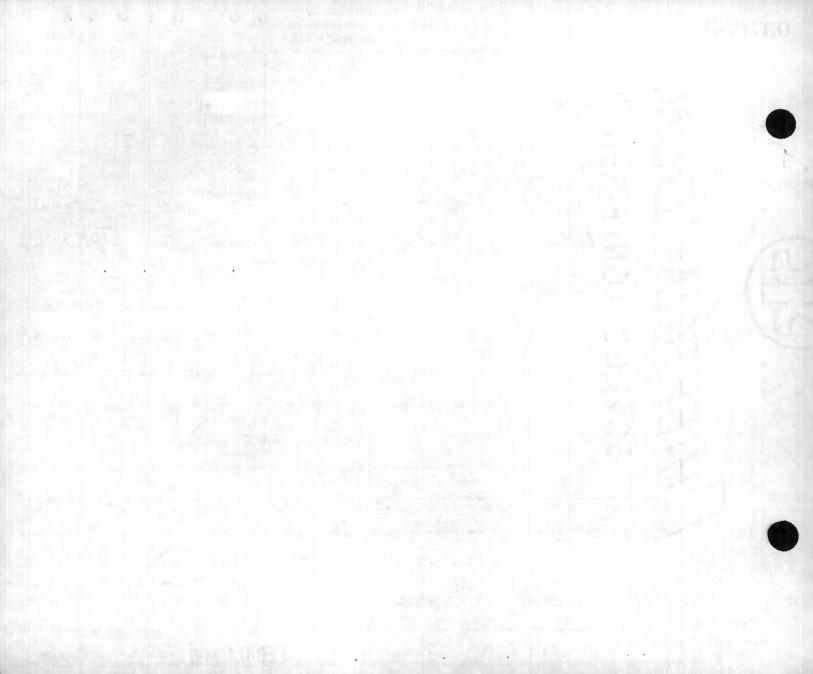
220-30-7868 C. William Thuss, Baltimore ND

St. Agnes Hospital Faltimore, 10

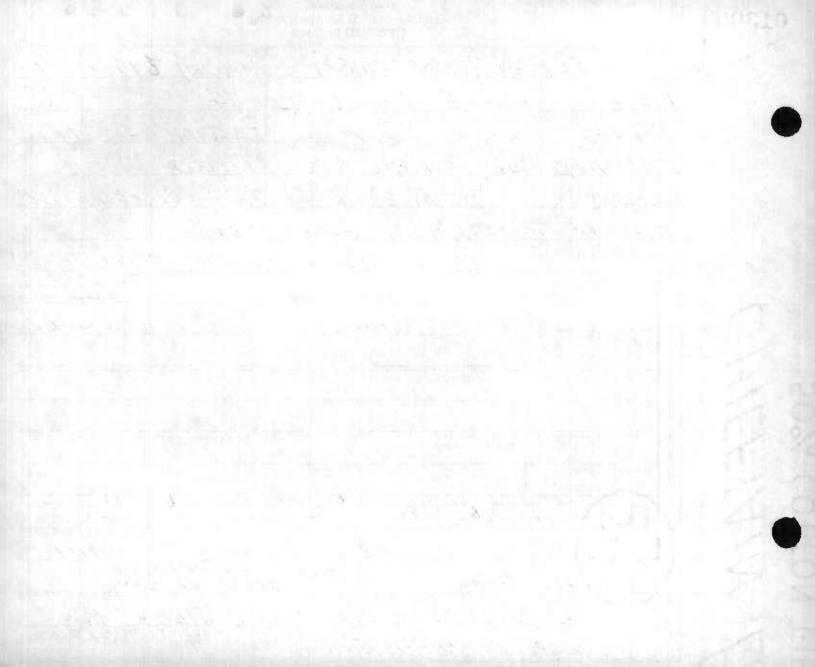
21227

Burial Jan. 16, 1986 Sunset RemorialP. Cumberland Allegany MD william 6. Kight Sumberland, MD

37030	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		04/
4 60		Christy	WIDDLE	Toles	20 DATE OF DEATH MONTH	31 86 1/16p
on a special control of the control	3, 56	Female!	Black	5. DATE OF BIRTH MONTH DAY YEA 12 24 1	AR 2 73 YE	MONTHS DAYS HOURS MIN
1 83	3	VA.	USA	MARRIED NEVER MARRIE	o Batto	OF DEATH
1 1 38	1	Ba Ho City	University of	MO Hospital	DN 120. USUAL OCCUPATION (TYPOD WORK FOR MOST DE WORK IN	G LIFE) INDUSTRY
1 B	13a	AL RESIDENCE IN THE NG HOME OR O			1412 AISquith	St Battomo
TO THE	0		ED FORCES? 166 SOCIAL S	er Quet	WIDDLE	Toles
1 10 1		YES, NO ORUNKNOWN) (IF YES GIVE Y	war or Dates) 217-2:	2-5/57 Earl Tole	s 501 E.Preston St	
g physic don physic tempod c event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	diopulmonay Arn	057	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINGES
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ed by the please ret riol. crem or other	-	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	Kheymatoro	(Arthorities	Years
der sign of Then y injury	ATION	PART 2 OTHER SIGNIFICANT CO		TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION (GIVEN IN PART Tra
the to th	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			YES NO NO
SECUNION PARTICIPATION OF PARTICIPATION	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	COMPANY A ALL ALGRESTS	DAY YEAR 19 211 LOCATION	(ENIER NATURE OF INJURY IN ITEM	IS PART (OR PART 2)
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FRAL DR. FRAL DR. Marker Dr. Mark		224 PHYSICIAN'S NAME LIVE OR	N Kosen	DEGREE ATTEND PHYSIC 122e ADDRESS	ING MEDICAL STAFF	224. DATE SIGNED 2/1/86
to rund	22	Steven Ro.	sen mo	22 S Gm	ere St Bath	MD 21201
ВР		BURIAL	23b DATE 2-5-86	BALTIMORE	BALTIMORE	MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		WM.C.MARCH F/H	INC. 1101 E.		FEB 04 1986 Julia	Strar's SIGNATURE

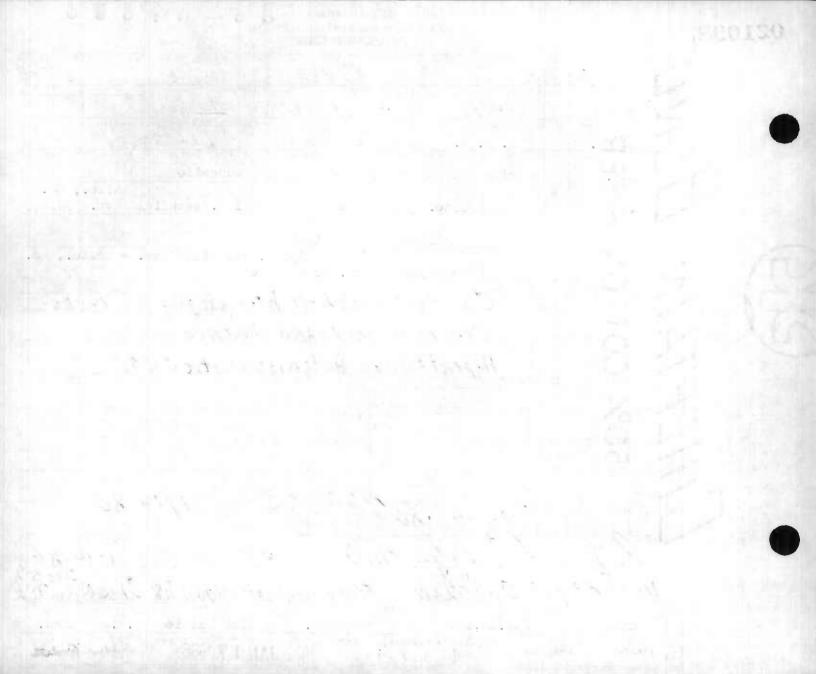


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r death. Page 4. funeral director. funeral director. ed at ofce	7	RTHPLACE (STATE OR FOREIGN SOUTHER)		RIED NEVER MARRIED DIVORCED DE OR OTHER INSTITUTION	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD. D OF BUSINESS OR
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NN. The low re- hysicion. irate has been roasit permit. I Hygiene prior. 18 shows any ii	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR WHICH OPERAT 216 TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES TO THE PART TORPART	SES OF DEATH?
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 11 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		CITY OR TO	1 (-1	
O HOSPITAL OR ATTEND refained by the haspital of TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Hee with the State Dept of Hee		saw the deceased alive an obove, (1) (we) (drd) (did no 27b. SIGNATURE) view the body ofter death. (PRINT)	ond that in (my) (seer) opinion of DEGREE ATTENDING PHYSICIAN 5 27e ADDRESS	MEDICAL STAR DIRECTOR PHYSIC	22c. DA	the couses stoted ATE SIGNED
PP	6	MI LUAR L WRIAL, CREMATION, REMOVAL THE STATE OF THE ST	PUTCH 1236 DATE 1236 DATE 1236 DATE 1236 DATE 124N 10, 1986 ACRED	CEMETERY OR CREMATORY HEART OF MAR	23d LOT ATION EREC D. BY REGISTRAR	MORE COUNTY	AD, STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	4	IMONOL. KACZON	Powski 2525 FLEET	ST-21224 11	AN 9 1986	A DOLHACO	n-Manstell



nacard	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	6 4 9
028040	[TYP	CEASED NAME FIRST	2T CLIN	TON TO		26. DATE OF DEATH MONTH	20-86 1:53 H
a ofter	2 2	Male	white	S. DATE	DE BIRTH DAY YEAR 1 966	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN. 5. — 2 38
16 35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land	76. CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRIED	BALTI MO	ITY OF DEATH
	1/	SALTI MORE	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE:		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h, KIND OF BUSINESS OR
133	130. M	AL RESIDENCE (IF HURSING HOME OR STATE 136 COUN ARYLAND HAR	OTHER INSTITUTION, GIVE RESIDENCE	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO	RODMANRD. 21005
12/2	1	ALBERT CL		II 3M	IS. MOTHER'S MAIDEN N	WIDDLE	SMITH
Page Preco		WAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	ONE	ALBERT CL	HER) ADDRESS	SAME AS#13
ures that the death certifical upped by the attending physical process remove combined by a burial, cremation, or remove ury, or other traumotic event	z	PART I. DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stoling the underlying cause last PART 2 OTHER SIGNIFICANT C	DBY: E CAUSE (0) Card DUE TO, OR AS A CONS (b) Extra DUE TO, OR AS A CONS (c) Pulm	opulmoseouence of many	nary Avre	of Lung.	BETWEEN ONSET AND DEATH 12 hrs 38 m
has been red permit. The	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \)
YSICIAN: T fing physics certificate varial-transity Wentel Hygi	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	IS PART I OR PART 2)
A chery	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC	STREET	CITY OR TOWN	COUNTY STATE
ATTEND cupinal o ECTOR. A d for vite f. of Heal m 21 a m		22a. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not	1 / 2 -	24		n death occurred on the date and h	
SPITAL OF 1 by the N SERAL DIR Des detoche Opposite Des detoche Opposite Des		276 PHYSICIAN'S NAME (TYPE O	Kang	MD	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
O HOSPIT Highed by O FUNER hould be a		J. ELICA	KANG,	HO	JOHNS	HOPKINS HO	PITAL
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE	-	EMETERY OR CREMATORY HOPE CEM,	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR E.BA. FLEMING FUNE		BEN	018 SON, MD. 250. DA	ATE REC'D, BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE





- STATE DECEASED NAME

TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

LAST

TOWERS

5. DATE OF BIRTH

CERTIFICATE OF DEATH

	REG. NO.				
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	R
		1006		9.	nn Mp
	6 AGE (IN YEARS LAST BIRTHDAY)	A MUE	RIYEAR	IF UNDER	24 HRS
	87 YRS	MONTHS	DAYS	HOURS	MIN,
3	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

Female RIHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY Maryland

4 RACE

MARIE

Evelyn

White

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

20

1898

Baltimore City

126 KIND OF BUSINESS OR Sewing Mach. Oper. ClothingMfgr.

Baltimore SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

CITY OR TOWN OF DEATH

Baltimore

Dundalk

Rapp

Church Hospital Inc.

IS MOTHER'S MAIDEN NAME

Louisa

42 Shipway Balto., Md. 21222

A.

Deile

John

Maryland FATHER'S NAME

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO. 214/01/2775

17 INFORMANT Phyllis M. Fulcher 1611 Gray Pl. Balto., Md.

ADDRESS

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY PNEUMONTA IMMEDIATE CAUSE (0)_

DUE TO, OR AS A CONSEQUENCE OF

ASPIRATION

DUE TO, OR AS A CONSEQUENCE OF DEMENTIA

underlying cause

IN DATE OF OPERATION

WHILE NOT WHILE

Conditions, if ony, which

gave rise to immediate cause (a), stating the

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NOX

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

86 to JANUARY 239 86 that (I) (e) ast 8 6 nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23c NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN CHURCH HOSPITAL CORPORATOIN

230 BURIAL, CREMATION, REMOVAL

CERTIFICATION

MEDICAL

1/24/1986 Cremation 24 FUNERAL DIRECTOR

PAUL GORMLEY M.D.

Green Mount Crematory Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b

Walter Brooks Bradley Inc. Balto., Md. 21222

220.1 certify that (1) This hospital attended the deceased from JANIJARY 9

did not view the body after deat

23h DATE

an JANHARY 2319

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HY	REG. NO.		
(TYPE	EASED NAME FIRST DR PRINT)	MIDDLE W	T ₁	racey	20. DATE OF DEATH MONT 1-2-86	H DAY YEAR	26 HOUR 4:15 P.N
3. SEX	orge	4 RACE	5 DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Ma	1e	White	2°1	7-1898 YEAR	87	MONTHS DAYS	HOURS MIN.
la. BIR	THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTY	RY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore Ci	UNTY OF DEATH	MD.
	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Belair Convale	TREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION HANGE MAN TO F WOR	12b KIND C	Employed
13a S1	D 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 13t CITY OR T Balto.	City	13d INSIDE CITY LIMITS? YES ☑ NO ☐	130 STREET ADDRESS / ZIP 6003 Plumer A		5
- 5	THER'S NAME FIRST Joseph	MIDDLE Tracey		15. MOTHER'S MAIDEN NA Maggie	WE	Wish	år
[7]	AS DECEASED EVER IN U.S. / S NO OR UNKNOWN) (IF YES, (ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 213-34-	-9922	George Stewa: Baltimore, Ma	rt Tracey, 817	4	St.
	PART I. DEATH WAS CAU	only one couse per line for (a), (b) SED BY: [ATE CAUSE (o)] DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	Stopice OF	Obstruction Pre	Premonti	yen	laute
TION	PART 2 THER SIGNIFICAN 190 DATE OF OPERATION	T CONDITIONS CONTRIBUTING	ital He	WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDING CAUSES YES	V S USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFF		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive	on 12 19 not view the body ofter death	10-	that in (my) (aux) apinion	death occurred on the date or		that (I) (>>>>) lost couses stated
	22b. SIGNATURE	Bradley		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DALE	SIGNED
	ALBERT B. B	RADLEY, M.D.		4900 BELAIR	ROAD BALTIMOR	E, MD. 21	206
(5	urial, cremation, remov. Burial			METERY OR CREMATORY aptist Church	23d LOCATION Cem. CITY OR TOWN	Harford,	MD STATE
	NERAL DIRECTOR	T (/15 D ANDRE	Star DJ	21206 250. DAT	E REC'D BY REGISTRAR SER	EGISTRANS SIGNA	HIGHE
Joh	nn C. Miller,	Inc., 6415 Bella	III Ka.	21200	1 3 1200		

Mary Company Commence of the C Charling Charles James ADDRESS OF SECTION AND ADDRESS OF STREET O. W. C. D. S. H. WELLS

			FOR					DEPART			MARYLAI H AND M	2.3	YGIO	IE	0	1 6	5	3	
0130	23		STATE REGISTRAR				ME		EXAMII	NER'S	CERTIFI	CATEC	F DEA	ATH	REG	NO.			
	AA		CEASED NAME OR PRINT)	E	FIRST			MIDDLE		10.	LAST		19.7	OF	KNOWN ESTI-		NTH DAY		2b. HOUR
98 AS	SEE SEE				WILLI			ANC			AGESER				MATED	× 1	7	1986	N
12.0	E PER	3 SEX		4 RAC		S. DATE (DAY	YEAR	6 AGE (IN)		THE DAYS	IF UNDER	24 HRS.	2c DAT	INCED	MON	H DAY	YE AR	2.34 2:34
28	DYN	-	RTHPLACE (S	LATE OR	V	2/5		HAT COUN		rs.				DEA		Y OR COL	7	1986	I P M
A PAGES	0 Per 1	FO	MD REIGN COUNTRY)		1		US	SA		WIDO	RIED NE	DIVORC	ED 🗆	Balt	imor	e Cit	СУ		MD
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NO NE	NAME OF THE PERSON				IMMEDIATI	E CAUSE			SCIETO NSEQUENCE		cardio	vascu	lar	disea	ase		-		
9 30	ENO ENO	8	Canditia	ns, if c	any, which	100	E 10, 0k	AS A COI	42EO0E14CE	Or							-0		
3 3 3	SA A A A				immediate the under-	<	(b)	AS A CON	NSEQUENCE	OF	-					100			
8 52	N. ME		lying cau	se lost.	LIX														
EXEC.	H AND	7	PART 2 OTHER SI	GNIFICAN	T CONDITIONS C		G TO OEATH	BUT NOT REL	ATEO TO THE TEI	MINAL DISE	ISE OB CONDITIO	IN GIVEN IN PA	RT 1 (q)						
L RECK	ED AS	CERTIFICATION	190. DATE OF	OPERA	ATION	191	. CONDI	TION FOR	WHICH OPE	RATION	WAS PERFOR	RMED?	20				20	AUTOPSY:	?
AFIN ON	F.55	TIFE		50				3	- 70									YES 🗌	NO 🔀
DIVISION OF I	TO THE HOULD ARTIME TO RECTOR	CALCER	UNDERLYING	, 0	OR	Н	TIME OF OUR A.M P.M	. MONTH	DAY YEA	R 21c. 1	HOW INJURY	OCCURRE	D (ENTER)	NATURE OF IN	NJURY IN ITEA	4 18 PART 1 O	R PART 2)	45	
DIVISI HIS CERT	ARDED (GE 3 SI VTE DEP	MEDICAL	21d. INJURY (WHILE AT WORK					OF INJURY TORY, FARM, E		211. Le	OCATION STREET			CITY OR TO	OWN		COUNTY		STATE
WINER: I	ULD BE FORW. DIRECTOR: PARTINE STATESTAND, 21		22a I certi deoth result		I taok chorge	e of the re		cribed obc		Auta	psy , , Homi	Inspectio		Inquiry ermined m		ond in my	y apinion		
N N N N N N N N N N N N N N N N N N N	HOULD KAL DIR VIH, WI		ACTUAL SIGNATURE,	A	~	5	2	2			TITLE (S	specify) stant	MED	ICAL EXA	MINER	DA	TE SNED	1-8-8	36
O MEDIC	PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLU	n)	EXAMINER'S (TYPE OR PRI				ixon,	M.D			_ADDRESS_				, Bal	to.,	MD	21201	L
07/B4 BP			JRIAL, CREMA PECIFY) Burial			1/11		L	oudor	Pa			CITY	Balto				MD	ATE
Dł	HMH - 17 A15 ME (5))		NERAL DIRECT		Henry Road				& So 212		0.	250. DATE I	REC'D. BY	REGISTR.	44	EGISTRAR		TURE	2

EXHIBITION. end/4 STATE Tueled 111 Co Lugar Park Here was Ealto, No. 21215

4	DINIG PHYSICIANA. The low requires that the death certificate be executed within 24 hours other death. Por a otherding physician.	i. After the certificate has been signed by the attending physician and completely filled in by the funeral directions as the bould fromit perint. Then please empre, and appropria. Pages I and 2 should be filled within 72 bounds on the bound from the perint.
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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE FOR STATE CERTIFICATE OF DEATH

	CEASED NAME FIRST	7	MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY Y	EAR 2	h HOU	
1	E OR PRINTS					E DATE OF DEATH				a nou	5
	Edna	M.	Tra	utwei:	n	January	18	118	6	8:40)AN
3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST &	IRTHDAY)	IF UNDER		F UNDER	24 HRS MIN
	Female	W	hite		ch 9, 1912	73	YRS				74114
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEA	TH		
	Maryland		.S.A.	WIDOWE	DIVORCED	Baltimore	е	City			MI
A.C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			IND OF	BUSINE	SSOR
_	altimore	Union	Memor		Hospital	Homemak					
13a	AL RESIDENCE LIF NURSING HOME OF STATE Maryland 136 COL		Baltimor	N	YES XX NO	13e STREET ADDRESS 2801 Ail			212	214	
14. F	ATHER'S NAME FIRST John	MIDDLE C.	Kaline	9	15 MOTHER'S MAIDEN NA/ FIRST Anna	WE		Sudt	LAST Orinl	5	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	STO	RESS			2	
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	218-68-1	896	Charles G.	Trautwein	2801	Ailsa	Ave	. 2	12
y	D. S. N. HERTON	DUE TO, OF	R ASA CONSEQUE	-	O . prisa			100			
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TIFICATION	gave rise to immediate cause (a, stating the underlying cause last.	DUE TO, OI	Parkiv RAS A CONSEQUE DITRIBUTING TO D	NCE OF		INAL DISEASE OR CO	20b. IF Y	ES, WERE FIFTING CA	FINDING		H?
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23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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23a. BURIAL, CREMATION, REMOVAL

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Anatomy Board

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

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FOR

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 0	REGISTRAR	George	Edward	Turner S	CERTIF	ICATE OF DEATH	REG. N	10.			
	ECEASED NAME	FIRST		MIDDLE	ŧ.	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
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3. S			RACE		5. DATE C		6. AGE (IN YEARS LAST BI	SIHUTA	MONTHS	DAYS	IF UNDER 24 HRS
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61.	BIRTHPLACE (STATE COUNTRY) est Virgin		U.S.A. WIDOWE 11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SINAL HOSPITAL OF BACTIMORE.			D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY OR COUNTY OF D BALTIMORE CITY			M 126, KIND OF BUSINESS O INDUSTRY Manufactorin	
	CITY OR TOWN OF	DEATH 1				R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)				
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14	FATHER'S NAME FIRST	Unknown	MIDDLE LAST			15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST UNKNOWN					
16a	WAS DECEASED ET (YES, NO OR UNKNOWN YES	VER IN U.S. ARM	NED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT				ADDRESS Annapolis, Md. Turner Jr. 704 Rosedale St.2140				
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STATE OF MARYLAND

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028077 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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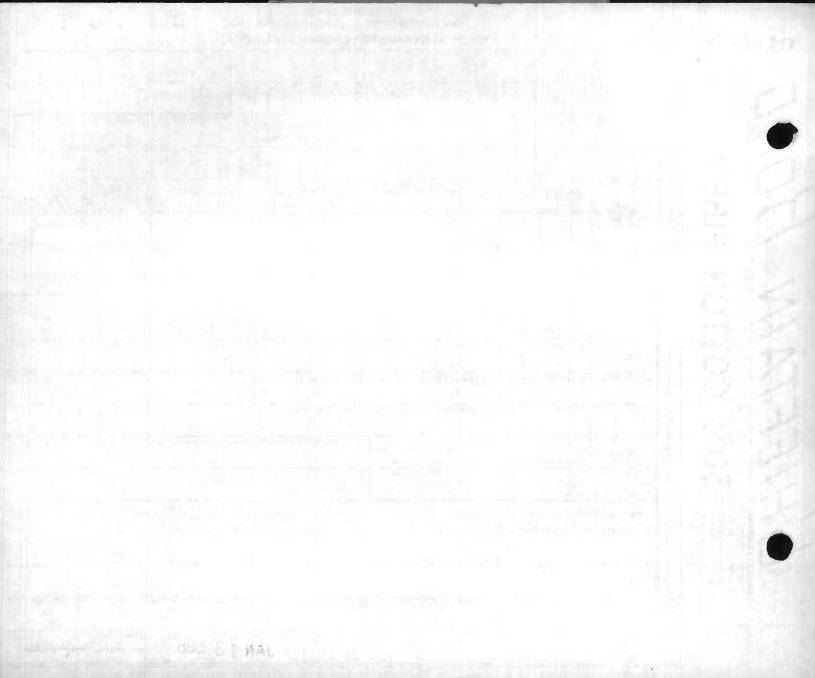
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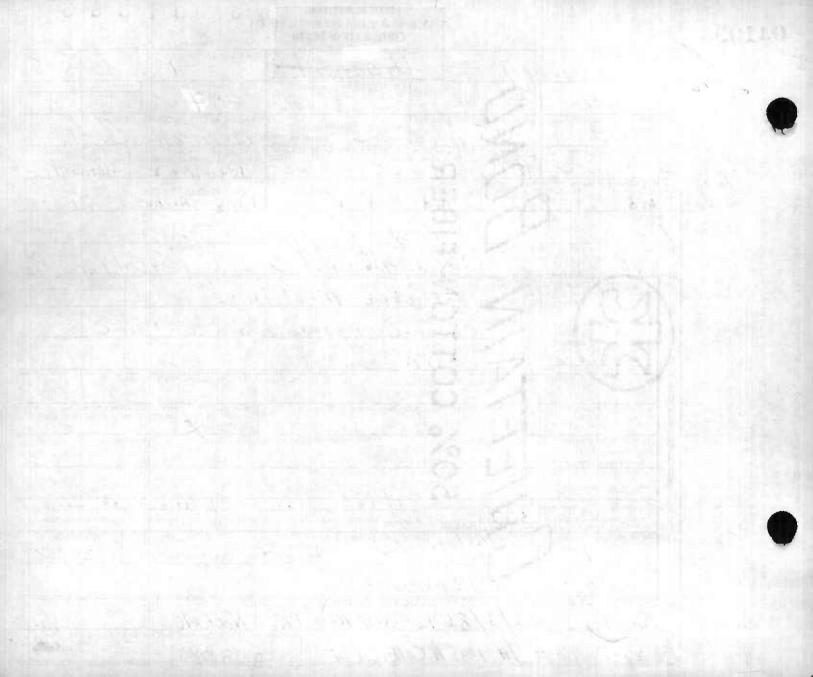
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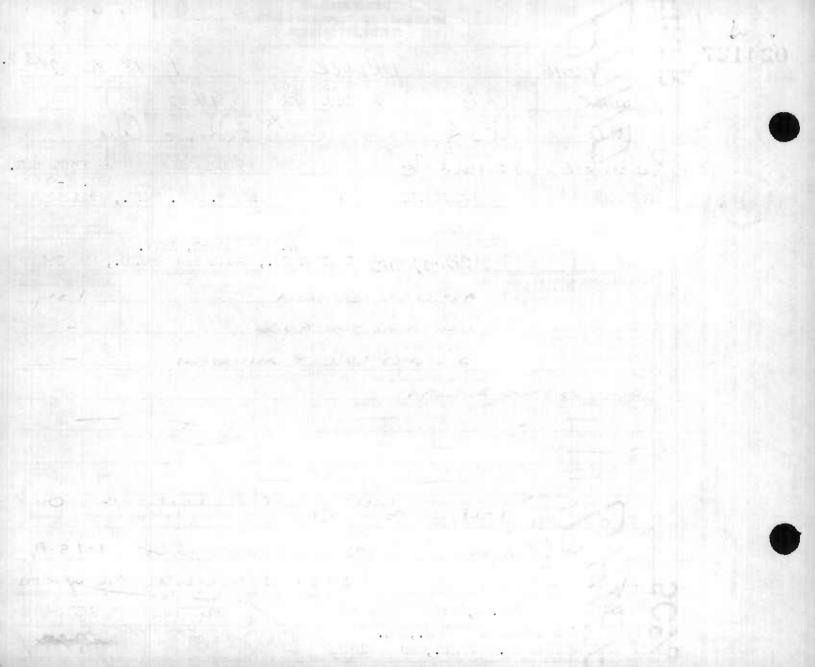
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	PAGE 5 PAGE 5 FFILED, 1	1	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCU	JPATION (TY	PE OF WORK	12bD	ND DF BUS	IPESS
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9	-CONTE	14.	FATHER'S NAME	MIDDLE	IZAL	15. MOTHER'S MAIL	DEN NAME	MIDDLE			LAST	
4	AND THE		Clarence		Upsher	Amblean				Вг	cooks	
IMO	\$200X	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY	NO. IT INFORMANT	62	5 ANDREY	Benta	lou	Stree	et
ALT	A TAKE		No.			Garnet Ba	azemore Ba	ltimor	re, M	aryl	Land 2	21216
- 2	D W L		18 CAUSE OF DEATH (Ente	r anly ane cause per	line far (a), (b), and (c).)						PPROXIMATE II	
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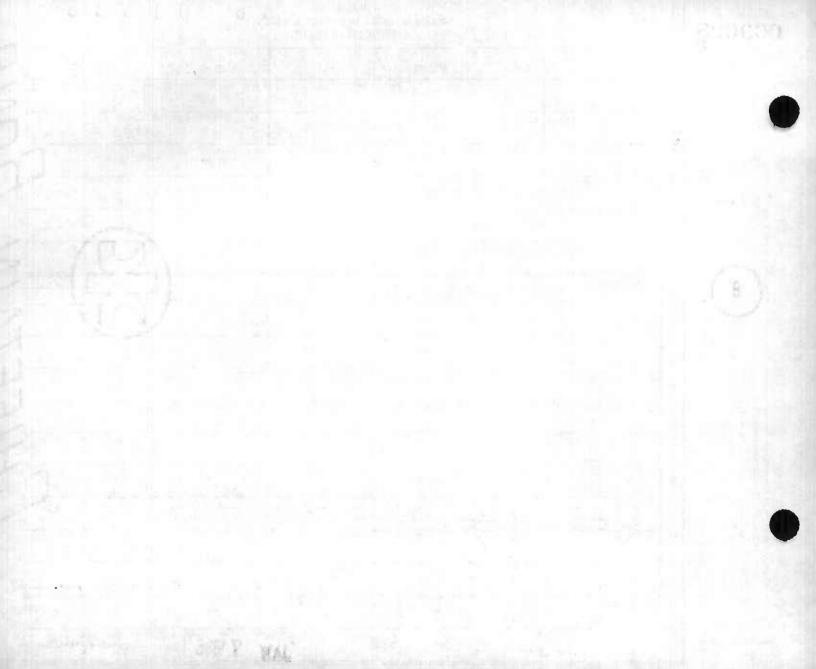
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1 71 0	- 115	Elizal	
The state of the s	3. SE	emale	Black S DATE OF BIRTH Black S DATE OF BIRTH AND DAY YEAR OF (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS. MONTH'S DAYS HOURS MIN.
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	1	Altimore	12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
The state of the s	134.1	TATE 13b COUN	NTY 134. CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE YES W NO 15 MOTHER'S MAIDEN NAME
MAAN TO THE	1	ee	MIDDLE HARMON EVELYN MIDDLE LAST
be seed in Popes		VAS DECEASED EVER IN U.S. AR/ (IF YES, GIV)	VEWAR OR DATES) 228-20-92 KENEST BEOWN DE. 1204 OAK HUEST Pl.
W. PRESTON ST., But the death certifical by the attending physis remove corbon pag cemerion, by remove their traumantic event.	7	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF
equires, the equires, the Then pleas to burnel, mjury, or o	NOI		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
At RECO	RTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: 12 physic certification risal-train lays	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR P.M. 19
NO PHY cher his at the b. th and M coved or	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME. STREET FACTORY, OFFICE FARM ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
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PITAL OR by the h by the h bit care definition and street between the bit care between the bi		22d PHYSICIAN'S NAME (TYPE O	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/29/86
10 HOSS	230	MOGES GURIAL, CREMATION/REMOVAL	Gebremarian
BP		SPECIFY) JNERAL DIRECTOR	236. DATE 236 NAME OF CEMETERY OR CREMATORY, 234 LOCATION COUNTY SIME PROSERVEST MEM. PK. NORTHWAY COUNTY SIME VA.
DHMH - 16 60M 7/B4 (VRA 15, 4)	B	Ailey - Douglas=	5 7/H 1348 N. Calhoun St FEB 06 1986



	1.	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE O I	664
024127		CEASED NAME FIRST E OR PRINT) BESSIE	MIDDIE	PWICK	26. DATE OF DEATH MONTH	18 86 243 AM
oge & mo	1.58	FEMALE	1. RACE S. DATI	XXXX 1900	6. AGE (IN YEARS EAST BIRTHDAY)	
1 35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	WIDON		9. BALTIMORE CITY OR COU	City Ma
90	15	AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL NURSING HOME HOSPITAL BUILDING STREET ADDRESS!		126 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKIN SECRETARY	FURNITURE BUS
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ompleted of the desired of the desir)	BERNARD	URWICK	DORA	MIDDLE	UNKNOWN
be exect on ond c		NAS DECEASED EVER IN U.S. AR. YES, NO GRUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO 212-07-917		UR DRAGEROPRATTY , SUITE 510 BA	Y. ALTO., MD 21202
ST.,		PART 1. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c)) D BY. E CAUSE (a) PSP 1 PAT (a)	A. com caca		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death components of traumotic retraumotic		Conditions, if any, which gove rise to immediate		WASE FEELING		
Se the		cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (c) DECLASED CONDITIONS CONTRIBUTING TO DEATH BY		AINAL DISEASE OR CONDITION	I GIVEN IN PART LIG
low requii	CERTIFICATION	FANO SUB ST			20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires th r attending physicion. Wher this certificons has been signed it os the burial-tronsit permit. Then plea th and Memal Hygiere prior to burial orked or frem 18 shows ony injury, or a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY IN ITEA	YES NO
DIVISION OF ING PHYSICI, After this cert os the buriol- lith and Mento orked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREEL, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or CTOR. Ad for use of Healt in 21 is ma		saw the deceased olive an abave, (D (we) (did) (did no	D view the body after death.	and that in my our) opinion	death occurred an the date and	haur and from the causes stated
TAL OR by the hor RAL DIRE deroched fore Dept.		22b. SIGNATURE	Lucy	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 1-19-A
O HOSPITAL TO FUNERAL Should be de with the Stot		22d. PHYSICIAN'S NAME (1200)) C Co	27: ADDRESS 2434 W		ANE BALTUMB
BP		BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	JAN. 20, 1986 HEBRE	FRIENDSHIP	BALTIMORE	COUNTMARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)			EVINSON & BROS., INC.	21215 250. PAT	REC'D BY REGISTRAR 256. REC N 2 2 1986	GISTRAR'S SIGNATURE



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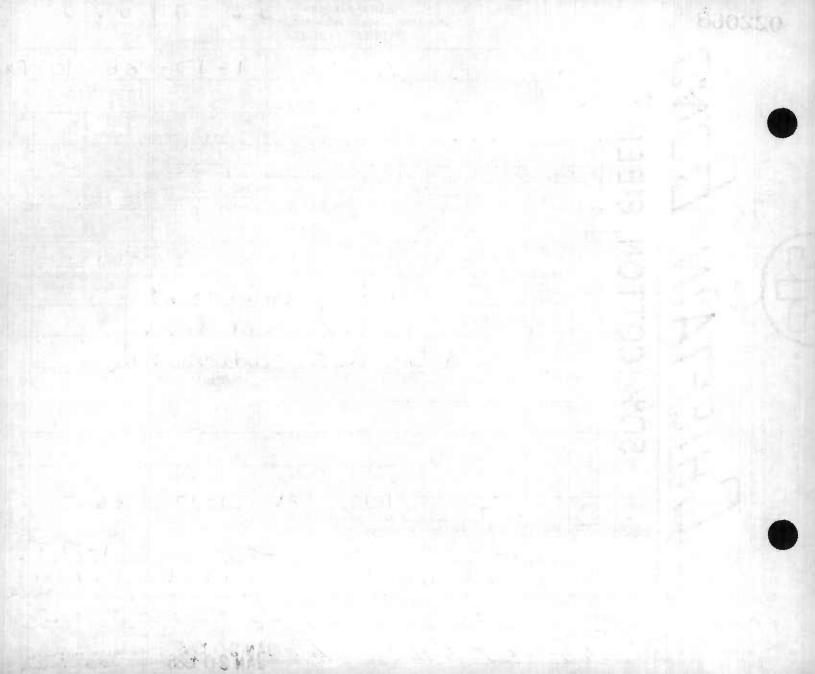


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I R	A. A	CATI	19a. DATE OF C	PERATION	1	96. CONDITI	ON FOR V	WHICH OPE	W MOITAS	'AS PERFOR	MED?					20.	AUTOPSY'	?
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DIV	RETERES OF POPULAR PROPERTY OF POPULAR PROPERT	W	WHILE	NOT WHILE X	CALP	STREET, FACTO	DRY, FARM, ET	C)		TREET	C 1		CITY OR TO			COUNTY		STATE
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	A A S S E E S	1						ev el		sy XX.	Inspection		Inquiry		ond in my	opinion		
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	702749	23 a. B!	URIAL, CREMATIO	ON, REMOVAL	7 DATE	2/86		AME OF CE				23d LO	CATION OR TOWN		C	OUNTY	ST	Md
07/84 25M	BP							ryland			Cem.				CISTRAR	A.A		Md
	DHMH - 17 (VR A15 ME (5))	Ge	OLGE J.	Gonce	4001	. Holatic	hie l	dgwy I	Balto	Md	IAM	22 1	186		GISTRAR			1
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21213

(VRA 15, 4)



DHMH - 16 50M 4/83 (VRA 15, 4)

Burial A FUNERAL PROFILE FUNERAL HOME, Inc. 3331 Brehms Lane, Balto. Md. 21213 JAN

23b. DATE

1/25/86

230. BURIAL, CREMATION, REMOVAL

Gardens of Faith Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23¢ NAME OF CEMETERY OR CREMATORY

we peridon-pendelle

COUNTY

2h HOUR

HOURS

21205

21213

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

NO [

STATE

Md.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

		CEASED NAME FIRST	MIDD	DLE	L	AST		20 DATE OF DEATH MON	TH DAY	YE AR	26 HOUR
/	(1111		Wagner,	Jr.				1/14/86		1	2:30am
	3 SEX	X	4 RACE		5 DATE C		YE AR	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UP	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
		Male	Cauc.		6/	5/25	1676	60	YRS.		
1	7a. BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	MAPPIE	NEVER MARK	RIED 🗍	9 BALTIMORE CITY OR C	OUNTY OF	DEATH	
0		Balto.,Md.	USA		WIDOWE		CED 🗌	Baltimor	e Cit	У	MD.
2	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING		R OTHER INSTITUT	ION	12a USUAL OCCUPATION			D.Lucas
1		Balto.		renton A		21206		Printer	1	Compa	
Y	13a S	AL RESIDENCE (IF NURSING HOME CO		E RESIDENCE BEFORE		13d INSIDE CITY L	IMITS? 1	13e STREET ADDRESS / ZII	P CODE		
		Md.		Balto.		YES K NO		3807 Grento		. 21	206
~	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MA	IDENNAM			LAS	CT CT
		George Wagner,		thur		Anna S	stacks			LAS) 1
1		VAS DECEASED EVER IN U.S. A		SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRESS		1	
		Yes Kore	vIwaQor dates)	212-20-6	5052	Margar	et D.	Wagner, sam	e add	ress	
		18 CAUSE OF DEATH (Enter o	nly one couse per line			0 7	-/	1111		APPECIA BETWEEN	DHOST AND DEATH
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (o)	lende	ren	lant	ube	eller			
				S ACONSEOUE	ACE OF	(100			100	S. 1-54
		Conditions, if ony, which	(b)	aid		maxia	the	7 4			
		gove rise to immediate couse (a), stating the	DUE TO OP A	& CONSEQUE	NCE OF	187	/	7	_		C
		underlying couse last	(c)	Down	ie	Vola	e x	Jeses	2		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITH	ON GIVEN I	N PART 10	a
	CERTIFICATION										
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_	TIF							YES NO	YES [NO 🗆
6	CE	210. ACCIDENT WAS UNDERLYING		MONTH DA	Y YFAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I	OR PART 2)	30 W 45
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIN		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE FA	DAL STC 1	211 LOCATION		CITY OF TOWN		COUNTY	STATE
Н	2	MHILE NOT WHILE AT WORK	THE THE STREET	THETORY, OFFICE TA	inm ere j						
		220 I certify they (1) (NOCOC)	ottended the d	eceosed from	16		9 84	_, to9	. 19_		that (1) (Xe) last
		saw the decraved give a above all the idea XXX	ot Fey the body atte	27 19 E	. on	d that in (my)	opinion d	leath occurred on the date o	ind hour one	d from the	couses stated
		22k SIGNATURE	11 -	~		DEGREE	37.1			22c DATE	SIGNED
		Utilo	K C	/		ATTEN	DING	MEDICAL STAFF DIRECTOR PHYSICIAN		1-1	16-86
		224 PHYSICIANS NAME 11119				22e ADDRESS	201	East Universi	ty Pa	rkway	7
	. 7.	Miriam L.	Cohen, M.D).			Balt:	imore, Maryla	ind 21	218	
		BURIAL, CREMATION, REMOVA			AME OF C	EMETERY OR CREM		23d LOCATION CITY_OR TOWN			
		Cremation	1/16/8		eenm	ount		Balto.,Md	•	YTAUC	STATE
	24 FL	Schimmek Fun	eral Home	, Inc.		There		REC'D. BY REGISTRAR 256.	1.	200	
		3331 Brehms La	ne, Balto	.,Md.	21213	3	JAN:	20 1986	villanda	on gar	rdelle.

DHMH - 16 60M 7/84 (VRA 15, 4)

KXXXXXX --1-16-86 20) Fast University Formay Lirent. Cohen, M.D. altinore, earthord 21216

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023112	1	FOR - STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE REG. N	0 1	6 7	3	
		CEASED NAME	FIRST		MIDDLE		LAST		MONTH DA	YEAR	26 HOUR	
oge S death	1	CON PANIMI)	MARI	E	T. W	AGNER		JANUARY 17	. 1986		2:35 am	
mo)	3. SI	X	1,000	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIE	RTHDAY) IF	UNDER I YEAR		
ge 4		Fem.		Cau		9	13 YEAR 99	86 YRS		DNIHS DAYS	HOURS MIN.	
n. ro	Jan	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
deoa	4	Md.		U.S.		WIDOW	ED DIVORCED	Baltimore		-	MD.	
I TN	10 10	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND (OF BUSINESS OR	
S C A A	_	Baltimore		Marylan	d General	l Hos		NUrse			ired	
24 hou	130	AL RESIDENCE (IF NUR. STATE Md.	13b COUI		13c. CITY OR TOW Balto	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 4406 Fore:		v Ave,	21206	
athur 2 sh	14 F	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME				
p ddu Soo	1	Michael		MIDDIE	Wagner		Anne	WIDDLE		LA	.51	
e execut ond co Pages 1		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		-1-1	
Page e		no_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		214-22-	4146	Nathalie Emge	e 4407 Fore	st View	Ave.	21206	
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DHMH - 16 60M 7/84 (VRA 15, 4)

John C. Miller Inc. 6415 Relair

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Anatomy Board

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE INDUSTRY 13e.STREET ADDRESS / ZIP COL MIDDLE ADDRESS APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN COUNTY STATE Removal 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS

Balto., Md.

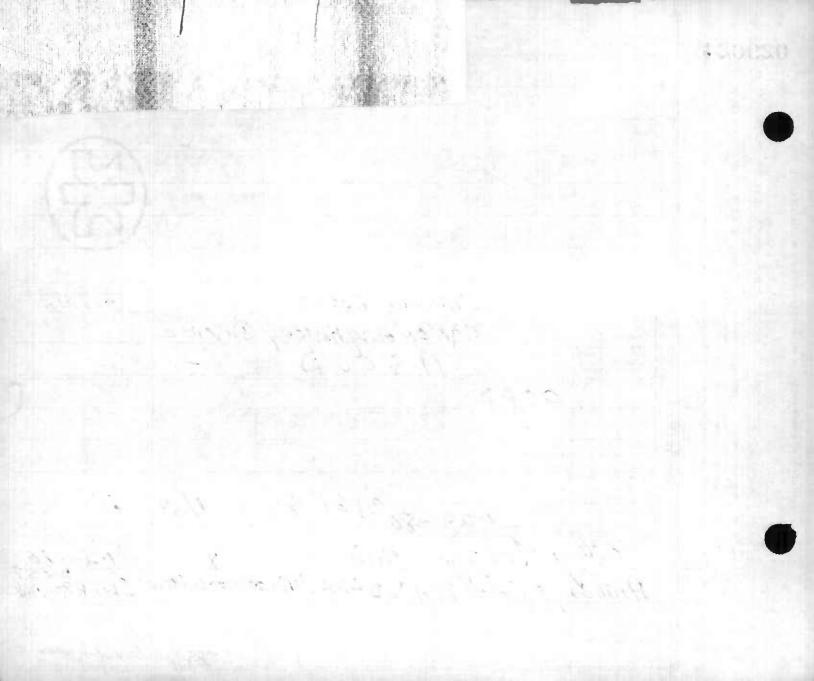
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	NO NO	238-1	16-5838A Annie Robe	erson 1921 Woodbou	rne Avenue
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	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		
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	sow the deceased alive or above. (Have) (did) (did no 22b. SIGNATURE	Alloy3a	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1-24.86
	17 NTho My	CAROZZ	AMD 4214 MA	NORWOOD DRIVE	GLENARM. 7
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	T DE (INVITATION NOTE OF THE PROPERTY OF THE P	TO STATE REGISTRAR I DECEASED NAME (TYPE OR PRINT) 3 SEX Male 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North CArolina 10 CITY OR TOWN OF DEATH BALTIMORE JUSUAL RESIDENCE (IF NURSING HOME OR 130, STATE JOHNNY 160 WAS DECEASED EVER IN U.S. AF (YES NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter OR PART I, DEATH WAS CAUSE (YES NOOR UNKNOWN) 190 DATE OF OPERATION CONDITIONS 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 210 I CERTIFY STORY 210 LETTIFY STORY 210 LETTIFY STORY 220 I CERTIFY STORY 220 PHYSICIAN'S NAME (TYPE OF THE PART I) 220 PHYSICIAN'S NAME (TYPE OF THE PART I) 220 PHYSICIAN'S NAME (TYPE OF THE PART I) 220 PHYSICIAN'S NAME (TYPE OF THE PART I)	TODECEASED NAME (TYPE OR PRINT) 3 SEX Male To Male T	THE CONTRIBUTION OF DEATH TO STATE REGISTRAR TO THE STATE REGISTRAR THE CERTIFICATE OF DEATH TO THE CONTRIBUTION TO THE CATE OF DEATH TO THE CONTRIBUTION TO THE CONTRIB	DEPARTMENT OF HEALTH AND MENTIAL HYDENE

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STATE OF MARYLAND

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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160. V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G W	RMED FORCES?	220 05 9		Sarah Wa	llac	e Same	as lj	3e	
TION	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
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1	22b SIGNATURE	2~	KNooc		DEGREE ATTENDII PHYSICI		MEDICAL STAI		THE DATE	1/86
	22d PHYSICIAN'S NAME THE CHARGE				3900 Loch Raven Blvd. Baltimoe Md 21218					21218
23o 8	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	2/3/86			emetery or cremated Vets Ceme	ORY	23d LOCATION		COUNTY A.A.	Md
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR:

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE

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		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
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s aft		Female	White	1 6 1915	70 YRS	DATE HOURS MIN.
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1		AL RESIDENCE HE NURSING HOME OF	R OTHER INSUTUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	
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* N/1000	1	John	B. Walini	emi Minnie	WIDDLE	Unknown
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ave c tian,		Conditions, if any, which	((b)	ASCVD		fifetony
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	230 6	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	STATE VINITO

DHMH - 16 60M 7/84 (VRA 15, 4)

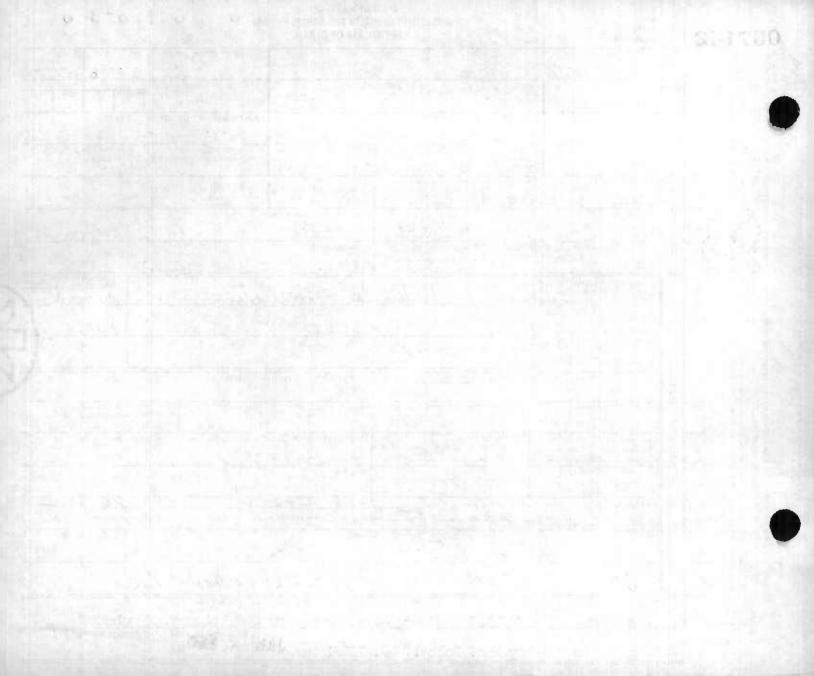
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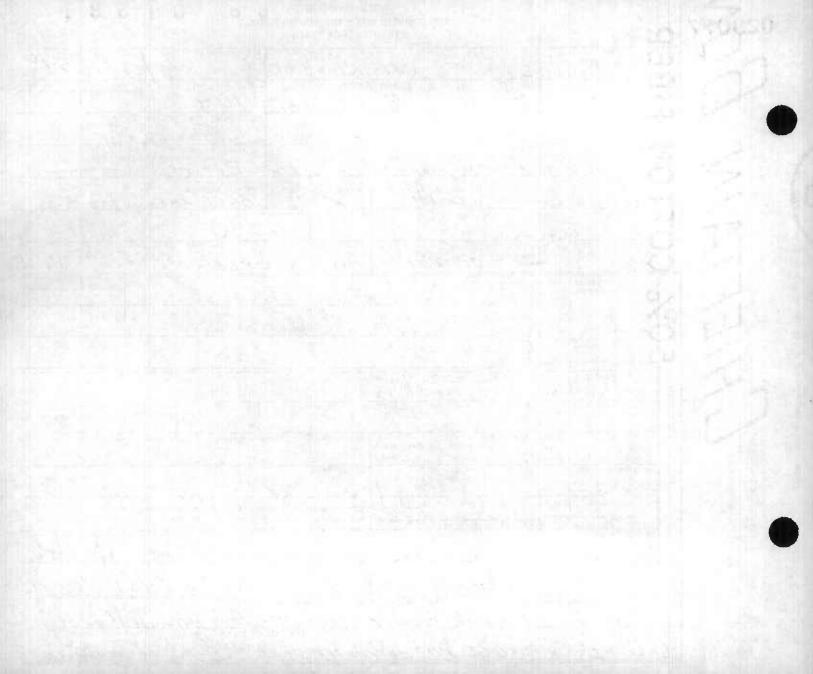
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Walter Brooks Bradley Inc. Balto., Md. 21222

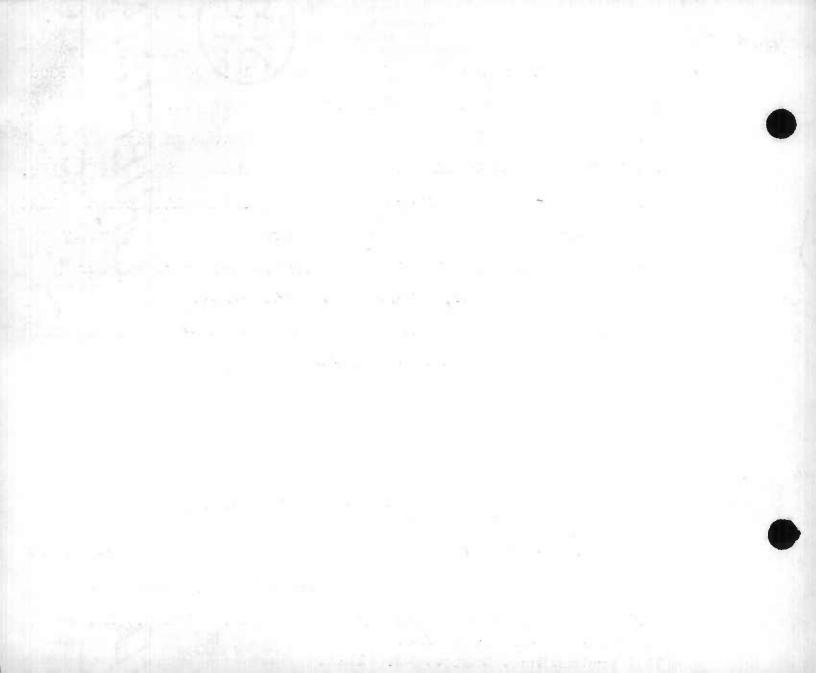
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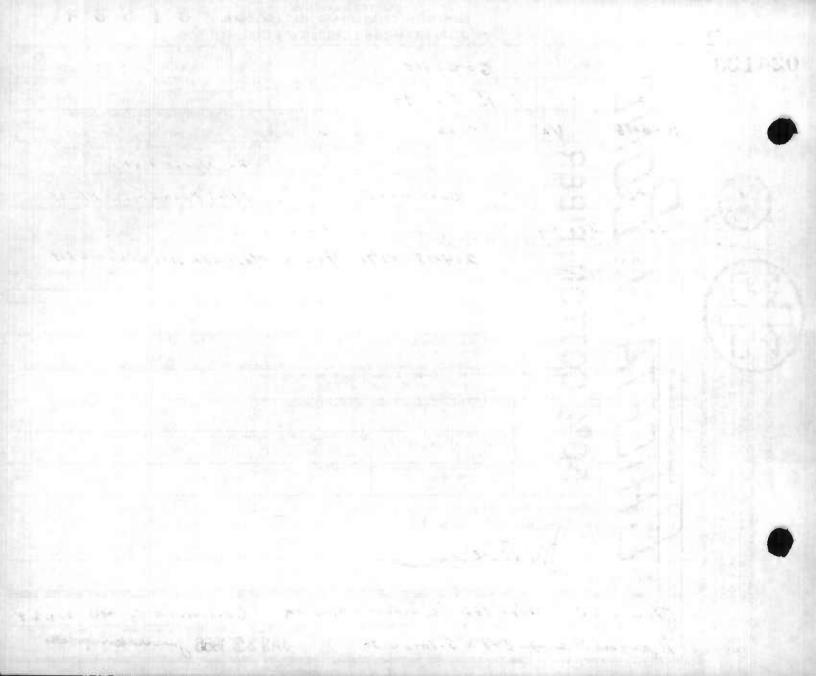
STATE OF MARYLAND



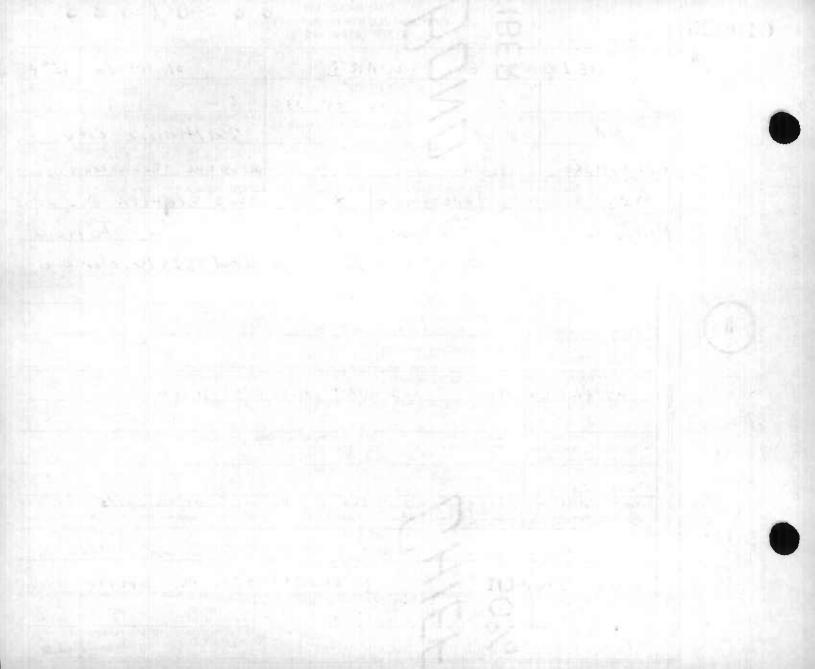
		11.	FOR			DEPART	MENT OF	HEALTH	AND MENTAL	TYGINE	0 1	0 () 3	
		1.	REGISTRAR		ME	DICAL	EXAMIN	IER'S	CERTIFICATE C	OF DEATH	REG.	NO	- 11	
020	$0032 \ L$		CEASED NAM	ME FIRST		MIDDLE			LAST	20. D/	ATE KNOWN		DAY YEAR	2b. HOU
	祖等田田田	L'ITY	PE OR PRINT)	EDMC	NIA		WA	ARD			JF ESTI-	1-14-	86 19	
	PEAS ECTOR HOUR HOUR	2. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE		DER 1 YR. IF UNDER		OATE	MONTH 1 1 1	DAY YEAR	28 11001
	F388#	F	emale	Black	8 10	20	65	RS.	NOURS HOURS		EAD	1-14-	19	5AM
	SE SE		IRTHPLACE OREIGN COUNTRY		76. CITIZEN OF W		VTRY?	8 MARR	IED XX NEVER MARR	IED 9 BA	LTIMORE CITY	OR COUNTY	OF DEATH	
	25 5 F S		MEIOIA COOMIKI	Md.	USA			WIDOW	-	- n	ltimore	City		AAI
	A PROPERTY CONTRACTOR OF THE PROPERTY CONTRACTOR		Baltimo		II. NAME OF HO	ACHITY GIVE	STREET ADDRESS)	E, OR OTH	ER INSTITUTION	120 USUAL O	CCUPATION (F WORKING LIFE)		OR INDUS	
-	90199	LUSU.	AL RESIDENC	E (IF IN NURSING HOME OR	OTHER INSTITUTION,	INE RESIDENC	E BEFORE ADMISSI	ION)						
2120	A PROBLEM		Md.	13b. COUNTY	Y		lto.		YES NO D	13e. STREET AL		vette A	ve 21	216
E.MD	NEW STATE		ATHER'S NAM	1E	WIDDLE	0:	LAST		15 MOTHER'S MAID	ENNAME	MIDDLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LAST	1-11/
Ö	95×50 —			ED EVER IN U.S. ARM	ED EOPCES2	Dixon	CIAL SECURIT	Y NO	Blanche 17. INFORMANT		ADDRE	Clarke		
BALTIMO	JRS AFTER IS GIVE PAGES 1. PAGES 1. DIVISION O	(YE	ES, NO, OR UNKA	OWN) (IF YES, GIVE W	AR OR DATES)							33		
3	SOFA						-20-52	99	Wilbert W	lard 2	635 W.	Lafaye	tte Av	e.
1.	E, D		18 CAUSE	OF DEATH (Enter only DEATH WAS CAUSED	ane cause per lin BY:	e far (a), (b), and (c).)			and an a	iaanaa		BETWEEN ONS	
PRESTON ST	WITHIN 24 HOUS SNCIL IN ITEM 1B. AINER ALONG W TRANSIT PERMIT. NIAL HYGIENE, D SR REMOVAL.	133	-5-7	IMMEDIATE	CAUSE (a)				cardiovas	Cular u	TSease			
EST	PENCIL IN ITEM MINER ALON TRANSIT PER ENTAL HYGIEN OR REMOVAL		Conditi	ons, if any, which	DUE TO, O	R AS A COI	NSEQUENCE	OF						
	TED WITH IN PENCIL EXAMINER IAL - TRANS MENTAL P ON, OR REA		gave	rise to immediate	(b)									
201 W.	TED WITH V PENCIL XAMINEI AL-TRAN MENTAL N, OR RE			a) stating the <u>under</u> - ouse last.	DUE TO, O	R AS A CO	NSEQUENCE	OF						
	EN X A SO				(c)									
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	SE TOTAL	1 5	19a DATE C	F OPERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPS	Y?
¥	MORD "PE WORD "PE E CHIEF A BE USED A BUT OF HE	E	VII)-0										YES 🗌	NO X
7 7	HE WE	1 8		IAL CAUSE WAS	216. TIME C			21c. HC	DW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART		NO NO
DIVISION OF VITAL	A THE OUT THE	MEDICAL CERTIFICATION	UNDERLYIN	IG OR		M. MONTH	DAY YEAR	'						
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No.	SERRES	3	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, I	ETC.)	S	TREET	CITY	OR TOWN	COUN	TY	STATE
	H . S & H C4				64	2 1 1					uiry X	. 0		
	CERTIFICATE VULD BE FOR I DIRECTOR: 4, WITH THE S MARYLAND,	1		tify that I taak charge	ΓXÍ			Autop				and in my apın 1	tan	
-	REC REC //TH		death resu	led from: Notura	Louses_1,	Accident	LJ, 50	ncide	, Hamicide .	Undetermine	d manner	1.		
v	# B B B B B B B B B B B B B B B B B B B		ACTUAL	MOIN	200 (1)	we Ut	202		TITLE (SPECIFY)			DATE	1 1 1	06
22.0	SET		SIGNATURE	- Indian	me 11	100	-000		D Assistant			DATE SIGNED	1-14-	80
	TO MEDICAL EXPLINE EXECUTE THE CERTIFIC PACE A SHOULD BE FOR TO FUNERAL DIRECTE AFTER DEATH WITH THE BALTIMORE, MARYLAI	A A	EXAMINER'S	S NAME	Margar	ita A	. Kore		D. 111	Penn S	street			
	524544	23a. B	URIAL, CREM	ATION, REMOVAL 23h	DATE	23ε.	NAME OF CE	METERY O	R CREMATORY	23d LOCATIO	ON	COUNTY		STATE
07/84	BP		Cremat	ion 1	/17/86	la la	lestuin	u Mar	n DI.	Cat	onsvil ⁻	le. Md		MIE
25M	DHMH - 17	24 F	UNERAL DIRE	CTOR			-3-VIE	w men	PK 250. DATE	REC'D. BY REGIS	TRAR 256 RE	GISTRAR'S SIG	NATURE	10,000
	(VR A15 ME (5))		Vm C Ma	arch F/H We	est 43	00 Wa	bash A	venue	J.	ANIO	1900	- allow	101	

STATE OF MARYLAND

		FOR		D	EPARTM			ARYLAND AND MEN	TAISTYGE	NE Ü	16	8 4	4	
(7)		STATE REGISTRAR							TE OF DE	ATH R	EG. NO.			
024123		CEASED NAME OR PRINT)	E FIRST	C M	2 5 /1	16	TA7:	ard		OF EST			YEAR 986	26 HOUR
NY, PLEA DIRECTO DUR FILE NY STREE	3 SEX	<i>F</i>	4 RACE	5. DATE OF BIRTH		AGE (IN YEAR LAST BIRTHDAY	S IF UN	DER 1 YR. IF	UNDER 24 HRS	PRONOUNCED DEAD	, MONTH	YAC H	986	10:0
ECESSAR FOR YOUR MITHIN	0.00	RTHPLACE (S	TATE OR VA	76. CITIZEN OF WH	AT COUNTR	RY?			R MARRIED	9. BALTIMORE	ore Ci	NTY OF DE		WD
OO SOUND	10. CI	TY OR TOWN Baltim	1.7	11. NAME OF HOSE (IF NOT IN SUCH FACE 1943	HITY, GIVE STRE			R INSTITUTIO	FOI	SUAL OCCUPATION MOST OF WORKING LI	N (TYPE OF WOR	K 126 KIND	OF BUS	
100033	130. S	TATE D	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	136 CITY O	FORE ADMISSION	4)	138. INSIDE CITY L	LIMITS? 13e ST	REET ADDRESS	ruma.	18%	121	3
980	14 F/	ATHER'S NAMI	LIGNRY	MIDDLE	LAS	ST		15 MOTHER'S	MAIDEN NAM	MIDDLE		ŁA:	ST	
ALTINO ALTINO ALTINO BANE PAR MGES MSOND	16a. V (Y	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARM			L SECURITY		grace		cuda 31	IL WA	long H.	Ave	
H ST 8 HOURS EN NB. WILL ERMIT PENEL DIN		18 CAUSE C PART I DE	ATIMALA CALLERY	y one couse per line i BY: E CAUSE (o) Art			ic ca	ardiova	ascular	disease			OXIMATE I	INTERVAL AND DEATH
PRESTO TITHIN 24 CIL IN IT ALER ALC AL HYGI REMOV			ns, if any, which	DUE TO, OR A										
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RECORDS, D BE DEC PENDING- MEDICAL O AS A BUR EALTH AN	NO	PART 2 DIHER S	GNIFICANT CONDITIONS C	DATRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMIN	AL DISEASE	OR CONDITION GI	VEN IN PART 1 o					
TAL REPOUND HOUSE AND SHEET AND SHEE	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WI	HICH OPERA	TION W	AS PERFORME	D?				TOPSY?	NO [X]
CERTIFICATE S CORTIFICATE S COED TO THE CE COED TO THE CE COED ASSISTANCE COED		LINDERLYING	AL CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M.		AY YEAR	21c HO	W INJURY O	CCURRED (ENTE	NATURE OF INJURY IN	ITEM 18 PART I OR			110 00
DIVISOR HIS CERT WRITING ARE 3 SP ACE 3 SP ATE DEP	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE O STREET, FACTO	OF INJURY DRY, FARM, ETC.	(AT HOME,		REET		CITY OR TOWN	(COUNTY		STATE
AMNER: IT SIFFICATE, BE FORW BECTOR: P FITH THE ST RYLAND, 2	1		fy that I took charge	of the remains desc	Accident	7	Autops	Hamicide		Inquiry ,	ond in my	opinion		
SHOULD SH		ACTUAL SIGNATURE	100	narp	~		M.	ASSIS		DICAL EXAMINER	DAT SIGI	E NED 1/	16/8	36
TO MED EXECUTE PAGE 4 TO FUN BALTIMO	23a R	EXAMINER'S (TYPE OR PRI	NAME NT) TION, REMOVAL 23	Ann M. Di				DDRESS	/ 123d I	n St. E		D.		
07/84 BP	C	CHAS.	101	1/20/86	W	65941	6~1	long pa	4 3	Y REGISTRAR 256			2, L	25
DHMH - 17 (VR A15 ME (5))	The			m 133 h	16.1m	year d	18		JAN 22		na Wayde	en-Man	معد	



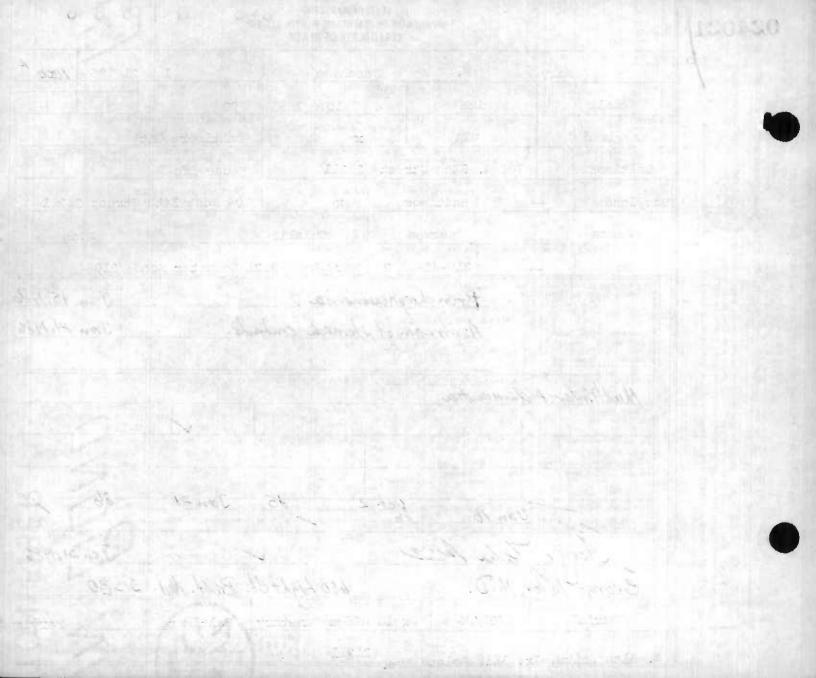
010035	1 -	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 O	1 0	8 5
A T		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
moy be	(ITE	HELE HELE	NE	WARD		1 03 8	6 10 PM
a do	3. SE	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
s of		F	B	MONTH DAY YEAR 33	52	YRS	DATS HOURS MIN.
hou hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	ATH .
172 TO		Md	USA	WIDOWED DIVORCED	Balti	more	CITY MD.
ied o	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE		KIND OF BUSINESS OR
Po led	B	ALTIMORE	SINAI	ineer Address)	MEDICAL		
pe pe		AL RESIDENCE IN NURSING HOME OF		TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 710 CODE	
Dud Dud		MD		MORE YES NO 1		EHLER	AVE 21215
2 sh	14. FA	THER'S NAME	MIDDLE TAST	15. MOTHER'S MAIDEN N			467
puo	M	ilbourne	Hey	tcher Leola	WIDDLE		Farrow
100		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRE	SS	
Pool E	,	NO ON UNKNOWN)	217-2	8-2692 Junior 1	1. Ward 36.	23 Beeh	ler Ave
a de la composição de l		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), and (ch)			APPROXIMATE INTERVAL
201		PART I. DEATH WAS CAUS		PIRATORY ARRE	72		
20		WW.EDW	DUE TO, OR AS A CONS				
35)		Conditions, if any, which		FRE COPD		file use to the	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	100000		
0 46		underlying couse lost	(6)	traction of			
A 2 6	30	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN P	ARI I o
222	Ž.	HYPERTE	EN SLOW -	CORONARY ARTE	ERY DIS	EASE	
11660	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
0 0 H	E				YES NO	YES 🗌	NO 🗆
By th	8	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	PART 2)
100	1	OR CONTRIBUTING CAUSE OF DE	AITT	19			
2 × 5	9	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TO	wn cou	UNTY STATE
5 6	2	AT WORK NOT WHILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
100		22a. I certify that JH (this hosp			, to01/	03 19 8	thotal (we) lost
3 6 9		saw the deceased alive a above, (1) (we) (did) (did n	ot) view the body ofter death.	19, and that in (pry) (our) opinion	deoth occurred on the de	ate and hour and fre	om the couses stated
10 to 1		22h. SIGNATURE	0	DEGREE			. DATE SIGNED
# E		Kul	Salm an	ATTENDING PHYSICIAN	MEDICAL STAI	IAN	1/03/86
25.41	1	224 PHYSICIAN'S NAME ITYPE	OR PRINT)	22e ADDRESS			
3 ± 0		KARL SA	CMAN	SINAI	HOSPITAL	- BALT	THORE
413	23a I	BURIAL, CREMATION, REMOVA	L 23h. DATE	23c NAME OF CEMETERY OR CREMATORY	1234 LOCATION		
		SPECIFY Burial		Woodlawn Cemetery	Baltimore	e Co	Md
5044 4490	24. F	UNERAL DIRECTOR	A CHEST AND A STREET		TE REC'D. BY REGISTRAR	25% REGISTRAR'S S	IGNATURE
16 50M 4/83	W	illiam C. Marc	h F/H West 430	5 Wabash Avenue	111 9 1300	a devido	ion-Rando 00



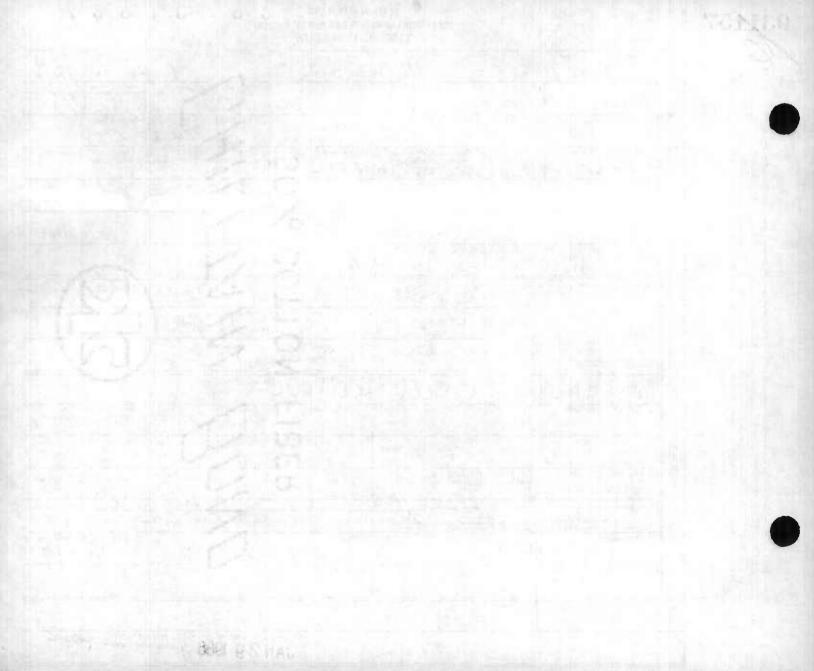
21211

A. Alan Seitz, Jr. 3818 Roland Ave.

(VRA 15, 4)



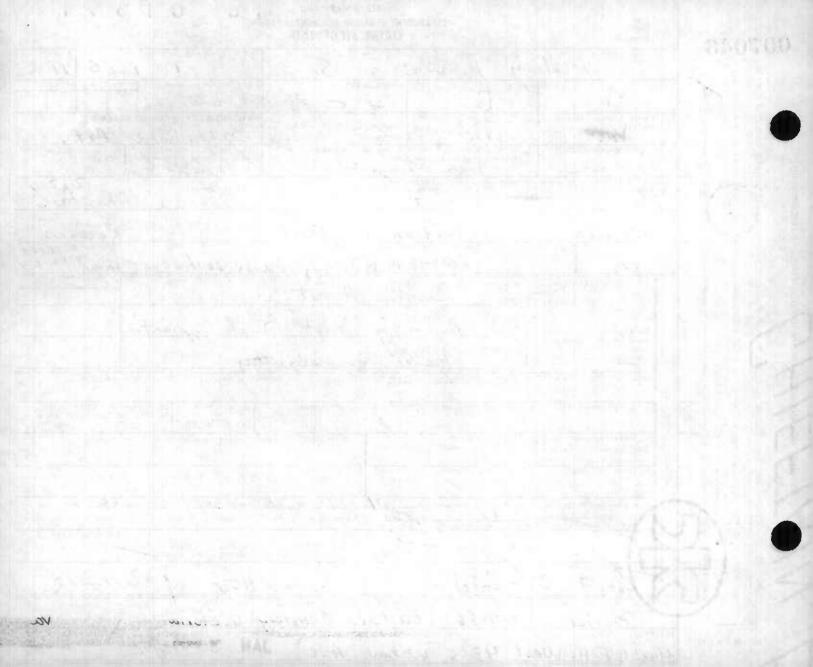
031157	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE REG. NO.	0 0 7
e 4 moy be		CEASED NAME FIRST OR PRINT) TVORY X MALE	A RACE BLACK	Washington 15. DATE OF BIRLY MONTH DAY OS 23 YEAR OC	79 110	- (
by the funeral directified within 72 hours	10 C	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia ITY OR TOWN OF DEATH 3ALTIMORE	76 CITIZEN OF WHAT COUNTRY USA	MARRIED DEVER MARRIED WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY O BALTI MORE 170. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) N/A	FDEATH CITY MD. 176 KIND OF BUSINESS OR INDUSTRY
mpletely filled in by ond 2 should be filled within the filled in by the f	Ma	aryland	OTHER INSTITUTION GIVE RESIDENCE BEFO	READMISSION) NOTE 13d INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN NA	13eSTRFFT ADDRESS / ZIP CODE 2000 W. Baltimor	re Street 2122: Wright
h certificate be executed and physician and concordenced. Poges or removal.		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV UNKNOWN (IF YES GIV UNKNOWN) (IF YES GIV OR YES GI	MED FORCES? 16b SOCIAL SEC (E WAR OR DATES) 149-09	Prenda Alle	n 2721 Silver Hill	
requires that the dear requires that the other in signed by the other Then please remove or in to burial, cremation, injury, or ather traum	NOI.	Conditions, if ony, which gove rise to immediate cause (a), staining the underlying cause lost. PARTA OTHER IGNIFICANT (DUE TO, OR AS A CONSEQU	Cleur C	MAL DISEASE OR CONDITION GIVEN	I IN PART 1 o
IYSICIAN: The law reding physician. Is certificate has been burial-transf permit. Mental Hygiene prior in them 18 shows any in them.	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED IN THE HOW INJURY OCCUR 19 211 LOCATION	10h. AUTOPSY 10b. IF YES, V IN CERTIFYII YES NOW YES A 11th 18 FART	
RATIFINDING PRADING PRADING PRADING PRADING PRADING STEEL THE CASE OF THE CASE	MED	sow the deceased alive on cabove. I) (we) (did) (did no	poso	FARM ETC) SHED	death occurred on the date and hour a	that (I) (we) lost and from the causes stated
TO HOSPITAL C retoined by the TO FUNERAL E should be detoi with the Store E IMPORTANT, If		DIR I AL JNERAL DIRECTOR	PIR DATE 23c	NAME OF CEMETERY OR CREMATORY hurch Cemetery	Dunnsville,	OUNIY STATE Va.
DHMH - 16 60M 7/84 (VRA 15, 4)			omes 1101 East N	orth Avenue JA	N 2 9 1986	Idon-Nonfree



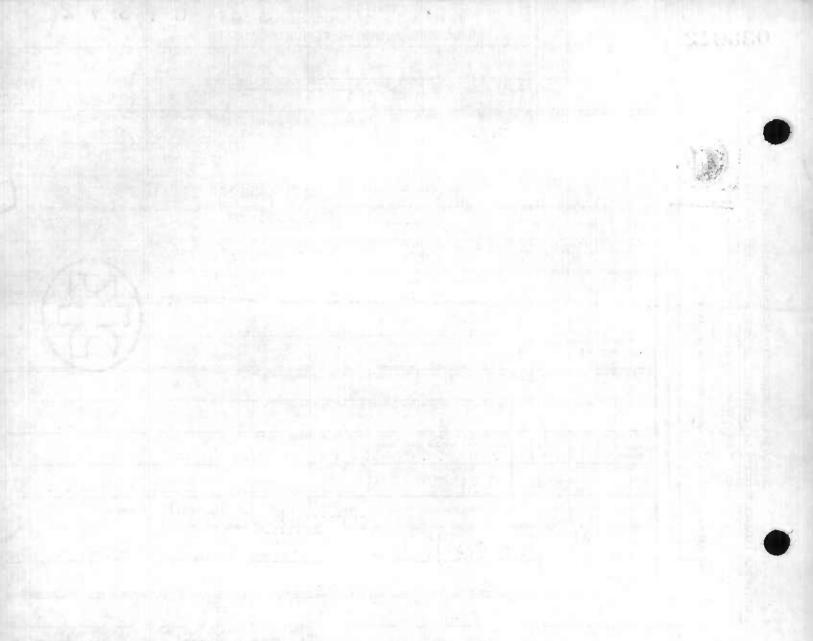
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T	020020		STATE REGISTRAR				ME	DICAL	EXAMIN	IER'S	CERTIFI	CATEC	F DEA	TH	REG.	NO			1	
	UKSUKS	1. DE	CEASED NAME	FIR	ST			MIDDLE			LAST			20 DATE	KNOWN		HTMO	DAY	YEAR	2h HOUR
2	TRS S.S. F.	(TTP	E OR PRINT)	JO	HN					V	ATKINS	5		OF DEATH	MATED	X	1	15	986	l AA
2	TREE STEE	3. SE)	(4. RACE		S. DATE O	F BIRTH DAY	YEAR	6. AGE (IN YE		INDER 1 YR.	IF UNDER		2c. DATE		M	ONTH	DAY	YEAR	2d HOUR
1	DOUR 72 P	M	ale	Black		5	16	01	0.4	RS.	THS DAYS	HOURS	MIN.	PRONOU!			1	22	1986	11;38 A
5	ASSA ALL SE	7a BI	RTHPLACE (SI	ATE OR		7b. CITIZEI	N OF WH	AT COUN	TRY?	8. MAR	RIED NE	VER MARR	IED 🗆	9. BALTIN	ORE CIT	YORC	OUNT			
	IS NEG EFUNE ED, WIII		orth Ca				U.S./				WED XX	DIVORC		Balti						MD.
	Y IS	10 CI	TY OR TOWN	OF DEATH					RSING HOM	E, OR O	HER INSTITU	ITION	FOR /	AL OCCU		TYPE OF	WORK		D OF BU INDUST	
	PA-21201 I FANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FU. E.F.AL DIRECTOR. 3, RETAIN PAGE 5 TOR YOUR FILES. 5.HOULD BE FILED, WITHIN 72 HOURS A RECORDS. 201 W. PRESTON STREET		Baltimo					lton					N/	/A		5 1				
	Z Z Z Z Z		TATE		OUNT)		TUTION, GIV	13c. CITY	OR TOWN	- '	13d. INSIDE O	CITY LIMITS?	13e STR	EET ADDRI	ESS	61		0.1	017	
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	F-KOE MAN	14. FA	ATHER'S NAME			MIDDLE			LAST		I come to the	ER'S MAIDE	EN NAME	٨	AIDDLE		1.	امما	ingt	0.00
	OF SACES	16a V	Edward	DEVER IN II	ADAA	ED EODO		atkir	S IAL SECURIT	YNO	17. INFOR	nna			ADDR	ESS	W	iasn	ingt	on
	BALTIMOR RS AFTER DE GIVE PAGE TITH FORM INISION OF	(Y	ES, NO. OR UNKNO	WN) (IF YES		AR OR DATES		100 300	TAL SECONI	1140.		e McK	nv 63	23 1 1			roc	+		
	L., BALTIMORE URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES 1 AN DIVISION OF		YES 18 CAUSE O	E DEATH /Ent	or only	00000000	and line	Sau (a) (b)			Juan	e ricki	Uy UZ	JLI	illiai	u 50	1 60		PROXIMATE	INTERVAL
	\$ 55583		PARTIDE							otic	cardi	OVEC	ular	dies	220			BETW	EEN ONSE	AND DEATH
	STON ST. N 24 HOU N ITEM 18 ALONG V SIT PERMIT TYGIENE, AOVAL.	-	365	IMMI	EDIATE				SEQUENCE		Carai	ovasc	ulai	QT2C	ase		70			
				ns, if any, w		1														
	* NAME OF S	1	cause (a)	se to immed stating the <u>ur</u>		DUE		AS A CON	ISEQUENCE	OF								1		
	S, 201	30	lying cau	se last.		((c)													
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	RECORDS D BE EXE ENDING MEDICA AS A BU EATH A CREMA	MEDICAL CERTIFICATION																		
	SHOULD BOND "PEN CHIEF ME USED A" UNIAL, GE	ICAI	19a. DATE OF	OPERATION		19b.	CONDIT	ION FOR	WHICH OPE	RATION	WAS PERFOR	RMED?						20 A	JTOPSY:	,
	NIT SHOW	RTE	21a EXTERNA	L CALLSE WA	c	211	TIME OF	15.111107		160	1014/1014/101	10000000						1	ES 🔲	K ON
*	DIVISION OF VITAL SCRIFFICATE SHOU RITING THE WORD." RITING THE WORD." RESPONDED BE USE AS 3 SHOULD BE USE OF DEPARTMENT OF HE OF PROR TO BURIAL	I CE	UNDERLYING	OR		HC	OUR A.M.		DAY YEA	R ZIE	HOW INJURY	OCCURRE	D (ENTER!	NATURE OF IN	JURY IN ITEM	A 18 PART	1 OR PAR	T 2)		
	SION SHO SHO RIOR	DIC.	CONTRIBUTION CONTRIBUTION		OF DE		P.M.	F INJURY	19	716.1	OCATION									
	DIVI HIS CEI WRITH WRITH ARDE ATE DE	WE		NOT WHILE				ORY, FARM, E			STREET			CITY OR TO	WN		COU	NTY		STATE
				AT WORK									V				-	-		
	AN PART OF A STANK			fy that I taak		af the rem	-			Auto		Inspectio		Inquiry		and in	ту ар	inian		
2	RECENT NEWS		death resulte	a troyn:	Natura	i couses L	<u> </u>	Accident	L, 50	ncide L		SPECIFY)	Undet	ermined m	onner L					
	H. A. C.		ACTUAL SIGNATURE	MA	~	21	TY				MDASSI		MED	ICAL EXAM	AINIED		DATE SIGNEI	1-	-22-8	36
	PE SH			111	0															
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 2	-	EXAMINER'S (TYPE OR PRIN	NAME A	nn I	M. Di	.xon,	M.D	•		_ADDRESS_	111	Penn	St.,	Bal	to.	, M	0 2	21201	
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	1-	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 6 0	1691
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and the policy of the state of	3. SE	M	1 RACE	S. DATE OF BIRTH MONTH DAY YEAR 25	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
Po Short	7a. BI	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTE		9. BALTIMORE CITY OR	
The state of the s		Va.	USA	WIDOWED DIVORCED 5	Daltim	ore City MD.
6 1 1 42	10 C	Baltimore	(IF NOT IN SUCH ACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION FEET ADDRESS)	TYPE OF WORK FOR MOST OF	NORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120 Date the executed with a bount to you and compare the bount to point. Page 11 and 24 Gold be the red. 1, the medical experimentally be on	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) D'YN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2/2/6
A T TO T	/	40	1 591	YES NO	5011	Clitton Ave
1. 作 /	14. FA	THER'S NAME	MIDDLE . LAST	15 MOTHER'S MAIDEN N	AME	
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ST.	7		E CAUSE (a)	indiae Arrest		
orth or notice		712	DUE TO, OR AS A SONSE		221	, ,
re death or e attending material or recommended		Candiffans, if any, which gave rise to immediate	(b) rupi	sating strest	L & aspi	nation
the creat		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	and the second	al.	
of rio			(c) Itype	lu encephaliza	ung	
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he lo on. hos hos ows	TIER				YES T NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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ITAL OR AT by the hoss RAL DIREC edetached to State Dept.	12	22b. SIGNATURE	17/6	DEGREE	MEDICAL STAFF	224. DATE SIGNED
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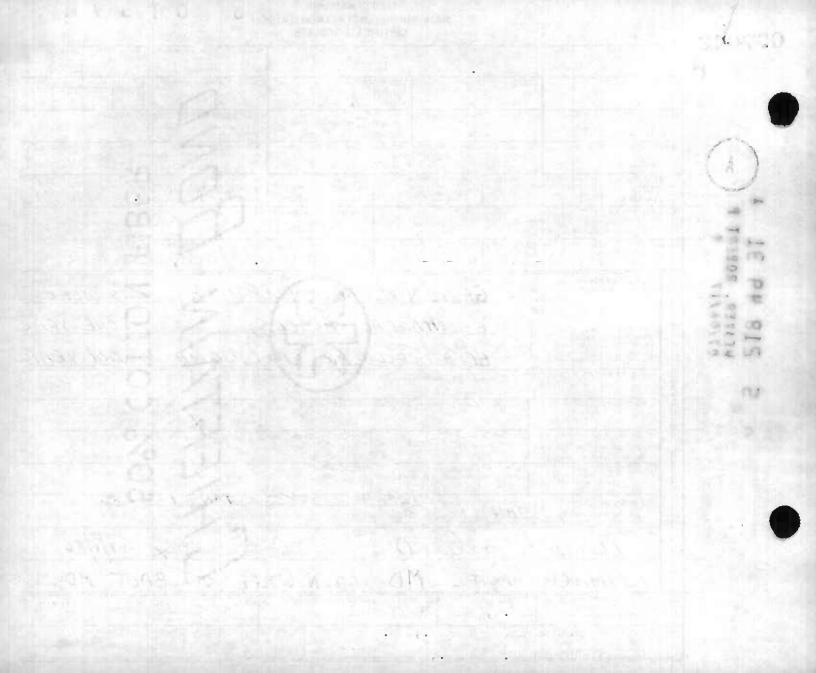


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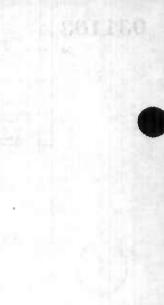


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 021078 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME LAST 26. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Neal ERNEST WAYLAND JANUARY 14. 1986 2:08 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS Male White 44 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL Maryland 113b COUNTY Baltimore Elderry St. 21205 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frances Ebert Thomas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Rolland E. Keith 2913 Mc Elderry St. 2120 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b1, and 101
PART I, DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH ARREST CARDIAL MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HYPOTENSION ACIDOSIS Conditions, if any, which ANIS gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost HEPATIC FAILURE ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 S O NONE IFICAT 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES IN CERT 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) ottended the deceased from (aur) apinian death accurred an the date and hour and fram the causes stated abave (1) we) (did (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN. 22e ADDRESS HOSPITAL, BALTIMONE MD. HOPKINS JOHNS SROWN 23a BURIAL, CREMATION Baltimore (SPECIFY) emetery 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Charles S. Zeiler & Son Inc. 901 S. Conkling St. (VRA 15. 4)

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4		CEASED NAME FIRST	WIDDLE	LAST	Te britis di beriiii	DAY YEAR 26 HOUR
poge 3	(TYP)	Maude Maude	Weavers		1/23/86	7 A.M
ad .	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
cfor s	H	emale	Black	MONTH DAY YEAR OO	85 YRS	IONTHS DAYS HOURS MIN.
1116		RTHPLACE (STATE ORFOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	BALLIMORE CITY OR COUNTY	OF DEATH MD.
1 100	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	PRETION St.	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
min 24 hours may filled in 2 shquidhe i mermedibe	13a. :	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	Balto.	N 134. INSIDE CITY LIMITS? YES ☑ NO ☐ 15 MOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP CODE 1126 W. Fran	
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Potol Potol for v		saw the deceased alive an	at view the body after death.	ond that in (my) (our) apinion	death occurred on the date and have	and fram the causes stated
by the hos by the hos lERAL DIREC se detoched State Dept.		22d. P. VERGIN'S NAME (TYPE	Shemman	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF ORECTOR PHYSICIAN	1-2 4-86
TO HOSPITAL retoined by th TO FUNERAL should be deter with the State IMPORTANT: I		Reph	in Howard	m) 926 W 1	loth Ave B	2/to md 2/2/-
BP	t	PIRIAL CREMATION, REMOVAL	1-28-86 M	of Chilun Cem	23d LOCATION CITY OR TOWN	B, C. Mil
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR AME A A A	WIFSPA ADDRESS	Eula II	TE REC'D. BY REGISTR R 251, REGISTR N 2 0 1988	RAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

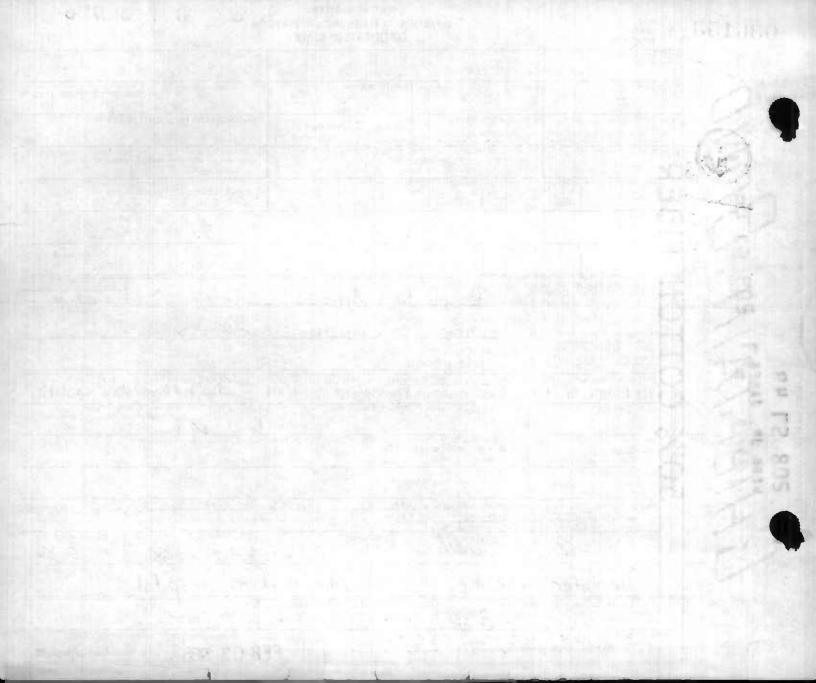
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21		THER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NAM		no.				_
0		James'		ARTIN	WEBB, JF			OTHY	E	DDLE	McVE	Y	1.4.2.	
4		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT		ADDRESS		Be	ar,De. 701	
0		NO			221 50	0443	DOROT	HY E. S	HANK, 389	4 Red L	ion Ro	. 19	701	
		18 CAUSE OF DEATH	H (Enter or	ly one couse per	line lar (a), (b), an	dicul	^	1			BETW	ROXIMAT EEN ONSI	E INTERVAL ET AND DEATH	
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	1	Conditions, if ony,		(b)_(chronic	CMV	infect	ion & 1	neurologic	2 Sequelo	e			
м		gove rise to imm couse (o), stofine	g the	DUE TO, OF	R AS A CONSEQUE	ENCE OF			0					
		underlying couse		107	pneumon									
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fre	CERTIFI	2.1000					See 7		YES NO		ES 🗌		NO [
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	MEDI	21d INJURY OCCURR	ED	21e PLACE C	OF INJURY BET, FACTORY, OFFICE F	ARM FTC 1	211 LOCATION		(II	y OR TOWN	COUNTY	0.00	STATE	П
	2	AT WORK AT WOR	ILE .		zer, raeroki, ornice i	Him C/C)	1 19 2				1 -60			
		220 I certify that H	(this hospi	tal attended the	deceased from_	Jan	1	19 86		19 30	19_86	that	t (1) (we) last	_
		saw the decease obove, (1) (we) d	dalive on	t) view the body	ofter death.	86 . or	id that in (my)	(aur) apinian c	death accurred on	the date and ha	ur and Irom	the cau	ses stated	
		22h SIGNATIERE			ilhe		DEGREE	ATTENDING	MEDICAL	STAFF	-	ATE SIG	-	П
		(F	_//		uene	1 /		PHYSICIAN [MEDICAL DIRECTOR P		/	- 36	7-86	
1		22d PHESICIAN'S NA			1-		22e ADDRES	- 11	L	1 -1	1			
		Jenni	ter	Wiet			Joh		ring 17	ospita	,1			
	23a 8	URIAL, CREMATION,	REMOVAL	236 DATE	20 1006 -	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	N OWN	COUNTY		STATE	
		CREMATIO	N	JAN #	30,1986 F	A.	FERRIS		WEST		CHES		PA.	
		HICK'S HOME	FDP	PHINITPAT	HE CA	MOM	MD	-	E REC'D BY REGIS	1 1 0	ture .		_	
		urcks home	LEK	LONEKAL!	o, ELK	KTON,	MD.	F	FR 02 10	DOA GON	Wavide	00-0	ande PP	

CHMH - T6 BOM 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

FFB 0.3 1986 Julia Davidson Pandett



TO HOSPITAL

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR			CERTII	FICATE OF DEATH		REG. N	0.		
	CEASED NAME FIRST		MIDDLE		LAST	20	DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
lites	Lester	r	1	Weber			January 1	9 1986		4:30 M
3. SE		4 RACE		S. DATE	OF BIRTH	6	AGE (IN YEARS LAST BIR	RTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White		MONT 2	DAY YEAR 5 18		67	YRS	ONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CITY		OF DEATH	
-	Indiana	U.S.		WIDOW	ED NEVER MARRIED .		Paltina	- C:1		MD
10 C	ITY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION		Baltime a USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
Ra	ltimere		CH FACILITY, GIVE STREET		[anni ha]	(1	Landscape			-employe
DOU.	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION		E ADMISSION)		-			1 Devr	emproye
13a S	STATE 13b. COU	NTY	13c. CITY OR TOW	N	YES NO T		STREET ADDRESS		11	/ 21218
14 FA	Md.		Balto.		15 MOTHER'S MAIDEN			LII St.		21210
	FIRST	MIDDLE	LAST		FIRST	_	WIDDLE		LAS	JT.
160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU	IRITY NO	17 INFORMANT		ADDR	ESS		
	YES, NO OR UNKNOWN) [IF YES, G	IVE WAR OR DATES)							4	
	No		309-16						APPROXI	IMATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED RV.							BETWEEN	IMATE INTERVAL ONSET AND DEATH
133	IMMEDIA	TE CAUSE (0)	Upper Ga	strei	ntestinal B	Blee	ed		1 D	ay
		DUE TO O	R AS A CONSEQUI	ENCE OF					0.65	
	Canditions, if any, which	6			irrhesis				7	
	gave rise to immediate	(6)_	BEEL DE	age v	TOBER SILS				7 30	ears
	cause (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF						
	underlying couse last.	((c)	Alcehe	1					Ye	ars
	PART 2 OTHER SIGNIFICANT	CONDITIONS C			T NOT RELATED TO THE TE	ERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART LIC	q
Z	Ascites	100								
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		20a AUTOPSY?		WERE FINDIN	
IF							YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
ER	210 ACCIDENT WAS UNDERLYING	7 216. TIME C	OF INJURY		21c. HOW INJURY OCC	CURRED				
	OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH D							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M. OF INJURY	19	211 LOCATION					
ME	WHILE NOT WHILE		REET FACTORY OFFICE, F	ARM EIC)	STREET		CITY OR TO)WN	COUNTY	STATE
	AT WORK AT WORK			- 10						
	22a. I certify that X) (this hasp saw the deceased alive of	oital) attended th	ne deceased from_	Janu	ary 17 19 86	6	to Januar	y 19.	9-86	that X (we) last
	and the state of t	t) view the bady	after deoth.	, 0	ind that in ANA (our) apini	iian dea	oth occurred an the d	ate and hour	and from the	couses stilled
	22b. SIGNATURE				DEGREE			,	274 DATE	IIGNED /
					ATTENDING PHYSICIAN		MEDICAL STA		11	19/86
	226 PHYSICIAN'S NAME	Truet,	- Tu		22e ADDRESS			11 =	1	1
	Tid mather Tay 1	d n	900		C/O Man		and Canam	-7 Was		
23n F	BURIAL, CREMATION, REMOVA		72.	NAME OF	CEMETERY OR CREMATOR		and Gener	AI DOS	DIEBI	
	SPECIFY) Removal	1/22/		TAME OF C	CEMETER OR CREMATOR	N.I	CITY OR TOWN		COUNTY	STATE
24.51					lar c	O A TE D	ECID BY DECISION	PKI DEC.1233	1000000	
Z4. F1	UNERAL DIRECTOR	D	ADDRESS	Dol+	- 142		EC'D. BY REGISTRAR	ZSB REGISTR	AR'S SIGNAT	UKE
	Anatom	y Board		Dair	U., Mu. den	20	C. 1000 /	Br. Janiel	A Grown	A THE

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13021	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		1 6 4	Ŏ
A . WIYAWAL		CEASED NAME FIRST	MIDDLE		AST	REG. NO.	ONTH DAY YEAR	2b HOUR
be coth	TYPE	GEORG	GE S.	WEI	KART	January 6.	1986	9:00 M
moy her d	3. SE		4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHE		
recto urs at		Male	White	Nov.	20, 1888	97	YRS.	
7 20 F		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR		
de d	10.01	TY OR TOWN OF DEATH	USA	WIDOWE		Baltimore		MD OF BUSINESS OR
by the filed will	E	Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST 2850 N. Cha	reet ADDRESS) arles S		Attorne	VORKING LIFE) INDUSTRY	
filled in hould be	13a S	MD 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OF TOWN Balto.		13d. INSIDE CITY LIMITS? YES NO 🗆	13e STREET ADDRESS / Z 2850 N. C	ip code harles St	., 21218
within	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE		AST
ted of the state o		John	Weikar		Anna	Christine		ubert
execu and c ages		YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIALS		17 INFORMANT			
Cion Cion Fers. P	-	No	nly one cause per line for (a) (b)		John Weika	rt, Chester	town, MD	DXIMATE INTERVAL N ONSET AND DEATH
equires that the residued by the Then please remains to burnol, cremains injury, an officer traum	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	S C U		ninal disease or condi	TION GIVEN IN PART	lio
on. hos beer t permit. ene prior	TIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED		Ob. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
CIAN: T g physici gertificate iol-transi ntol Hygi em 18 sh	AL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	214, HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM 18 PART I ORPART 2)	
offending fer this ca the buring a the buring thed or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
affendin ospital or ECTOR. Af ed far use of at af Health om 21 is mo		saw the deceased pline or	attended the deceased from 2.5	9 6-5°, on	d that in (my) (con opinion	death occurred on the date	ond hour and from th	that (I) (we) last be causes stated
ITAL OR by the h		224 PHYSIC SEN'S NAME (1991		mo	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	11	7/86
retained 1 TO FUNE should be with the S		Dr. J. Rolli	n Otto, Jr., I		14 W. Cold	d Spring La	ne, Balto	., MD
BP	(SURIAL, CREMATION, REMOVAL SPECIFYI (Burial	1/10/86	Druio	Ridge	23d LOCATION CITY OF TOWN Pikesvi		MD ^{STATE}
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	JNERAL DIRECTOR Henry 905 York Road	W. Jenkins de Balto.,	& Sons MD	Co. 250 DAT	TE REC D. BY REGISTRAR 251	REGISTRAR'S SIGNA	0 0 00

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Baltimore, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

State Anatomy Board

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STATE OF MARYLAND S

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND FOR STATE CEDTIEIC ATE OF DEATH

REGISTRAR				CENTIL	ICAIL OI DEATH	REG. N	0		
DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	HAR		W.		enger) -	17.	- 86	3 3A
1 SEX		4. RACE			OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BH	_	ONTHS DATE	IF UNDER 24 HRS HOURS MIN.
MAle		CAU	EASIAN	MONT 3	15 - 15 -	64	YRS		1
BIRTHPLACE (ST.	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
MARYLA	~0	U.	S.	WIDOWI		BALL	more	City	MI
CITY OR TOWN C			HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
BAltin	one /	500 16	12 114		eseral Hosnimi	Assembly-1			G.M.
AL RESIDENCE (F NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS		7	10/1
MO	A	eAcuroel			YES NO NO	MARYCAND	MANOR	work!	me Hoh-
FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NAM				
Harry	-	E.	Wenger		Amelia	MIDDLE	Lec	lley	I
60 WAS DECEASED		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Elsi	e Barnes -			ATTO
Yes	W.V		2121433	333	Ous CHAR			. Md.	
18 CAUSE OF	DEATH Enter a	nly ane cause per	line lar (a), (b), and	dichii					MATE INTERVAL
PART I. DE A	TH WAS CAUSI	EĎ BY TE CAUSE (a)			EARLING INFARE	ena~		-	ONSET HIND BERTIL
	TATAL DATA		R AS A CONSEQUE	NICE OF			1,014.1-1		
Canditians, if	any, which	(b)	Cene		Aestoucoculou	Descens			
gave rise to	immediate	DUE TO O							
underlying		DUE TO, O	r as a conseque	NCEOF					
PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	7.
		ule Re		ver		cupherca Utra		Duces	
190 DATE OF O	PERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES.	WERE FINDIN	IGS USED
Ĭ.						YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
210. ACCIDENT W	AS UNDERLYING	110			21c. HOW INJURY OCCURR)	
	CAUSE OF DE	~~~	M. MONTH DA	AY YEAR					
CIFEITHER NOTIF		21e PLACE		17	211 LOCATION				
■ ORK	AT WORK	(AT HOME STI	REET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		ital) attended th	e,deceased Iram_	1	161 10 80	10	17	. 86	that (1) (we) last
saw the di	eceased alive ar	\ (7	186 19	, as	nd that in (my) (aur) apinian c	death accurred an the d	ate and haur		
22b SIGNATUR		it! view the bady	atter death.		DEGREE			22c DATE	
14	Pomos K	Cochi	ന് നമ		MO ATTENDING	MEDICAL STA			17/86
	SNAME (TYPE		11111		22e ADDRESS	DIRECTOR PHYSIC	IAN		
LIK	JIM AJ	K. G1	نه، ۱۷		Bog, S	Honocer	54.	BAIR	, MP 212
7 1 1				IAME OF S			-, -	10/1	1 11/2 515
(SPECIFY)					EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Bui	rial	Jan.21	,00 Md	. Vete	rans-Crownsvi	Lie Crownsy	ille.A	inne Ar	undel . M

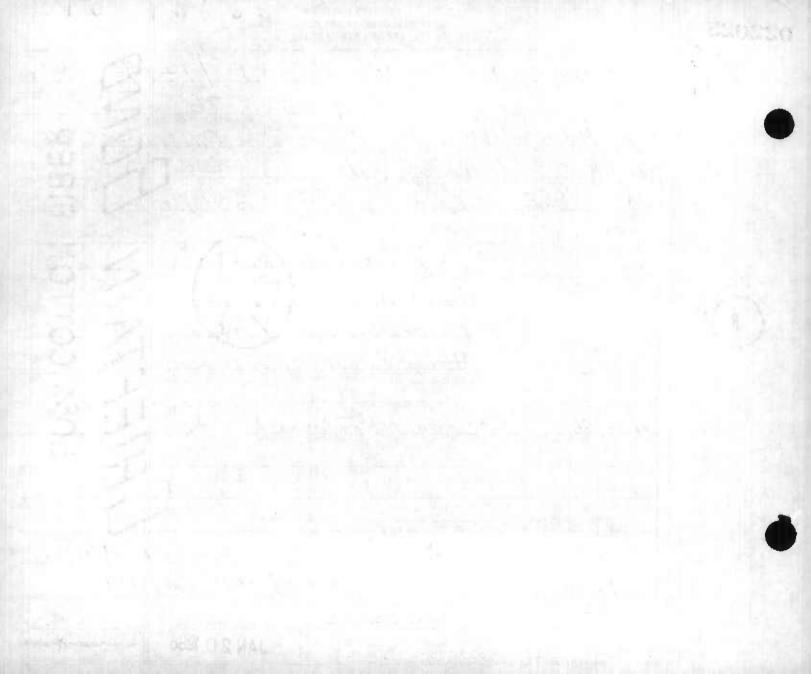
DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

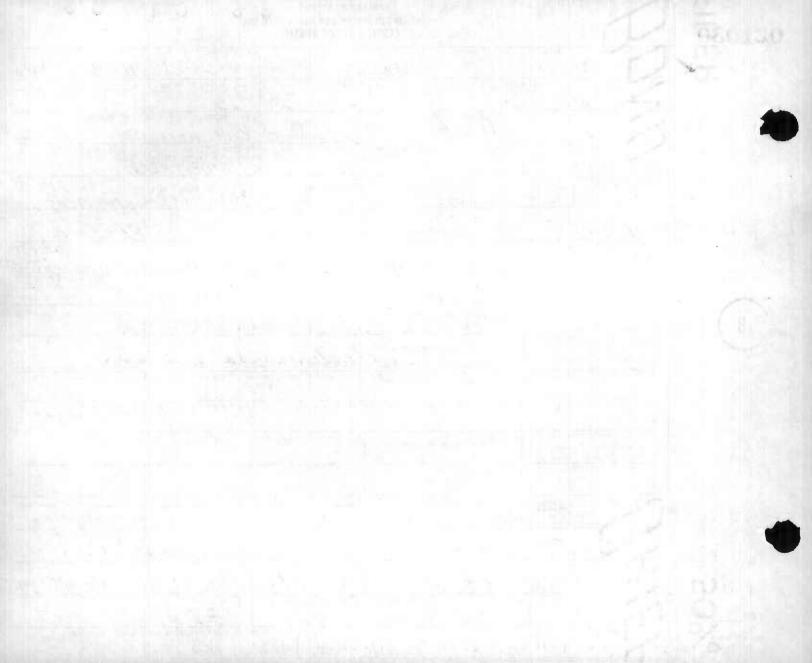
3204 Mountain Rd. McCully Funeral Home/ Pasadena, Md. 21122

Md. Veterans-Crownsville Crownsville, Anne Arundel, Md.
ountain Rd.
JAN 20 1986 Julia Aurilla Andre

140550 Andrew Comment STATE OF THE STATE THE LAND ON THE PARTY WAS A STATE OF THE PARTY OF THE PAR to de Dellas de Company de Compan and I would repulse to the second to the second . Ed. Cobmura oman, olivecomo, elliven min-amerado A. Ed. . 28. 17. 185 (Ed. The most of the second second



				STATE OF MARYLAND	6 0	1/05
004000	1.	FOR STATE		T OF HEALTH AND MENTAL HYG	IENE	
021030		REGISTRAR		ERTIFICATE OF DEATH	REG. NO.	***
o me		CEASED NAME FIRST	MIDDLE	LAST L	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
noy be	36	Mary	u	CST		1086 118Pm
I mo	3. SE	/ 14R	ACE 5	DATE OF BIRTH MONTH DAY YEAR	6. AGE TIN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
ge cho	14	remale 1	Col	4-10-20	65	YRS.
Podi Podi		RTHPLACE ISTATE OR FOREIGN 76. (CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
funero thin 73	V	rainiA		DOWED DIVORCED	Battimor	e CIYY MD.
P 23 2 2	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H		12a USUAL OCCUPATION	17h, KIND OF BUSINESS OR
0 × 20 0	B	altimore 1	lovide mt	HOSP.	Homemi	- 1/
o o o	USU 13a	AL RESIDENCE (IF NURSING HOME OF OTHE STATE 136 COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADA	1136 INSIDE CITY LIMITS?	13 STREET ADDRESS / Z	718 CODE 2125
AND 24 h		md -	Batto	YES NO	3700 GRE	
tely 2 sh	14. E	ATHER'S NAME	d 11. 4	15 MOTHER'S MAIDEN NA	ME	
MARYLA ed within mpletely f rond 2 sho	1	James	(olbert	EliZA	MIDDLE	CROCKER
		VAS DECEASED EVER IN U.S. ARMED		NO. IT INFORMANT	ADDRESS	23434
BALTIMORE,		NO ORGANIOWA)	217-01-31	68 CRAKER FU	Neval Hom	e. 900 Ewashingh transt
ALT he		18 CAUSE OF DEATH (Enter only or	ne couse per line for (a), (b), and (c	.)	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY	Cardin	pulmonary	Arrest	
B and a strong s		111111111111111111111111111111111111111	DUE TO, OR AS A CONSEQUENC	E OF	1	
B D		Conditions, if ony, which	b) Chronic	obstractive	fulmonar	y disease
		gove rise to immediate couse (0), stating the	DUETO, OR AS A CONSPOUENCE	FOF A	1	
W p p p p		underlying couse lost.	Hemerlens	we Cardior as	cular Beart	direct
Sign the part of t	E	PART 2 OTHER SIGNIFICANT CON	IDITIONS COMMINITING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 110
RDS,	ON N	130 P. H. S. T.				
NG PHYSICIAN, The low requires of the third physician. After this certificate has been signs the buriol-trasit permit. The thoord Mental Hygiene prior to borked or them 18 shows any injur	FICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALR The tricton. The bossis peeps ssit pee	TIE				YES NO	YES NO
VIT. Thysical hygical hygical hygical hyginal	CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21E HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
SICIANS Physical Properties of the SICIANS Physical Physi	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHYS ending this of the bu	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OVIS Otter of Street of Street	~	AT WORK NOT WHILE AT WORK			,	
A S S E	17	22a.1 certify that (1) (this hospital)		1/10 19 86	, to	, 19, that (It (we) lost
E 9 5 4 9 5	73	sow the deceased alive an obove, (I) (we) (did) (did not) via	ew the body ofter death.	and that in (my) (our) opinion	death occurred on the date	ond hour and from the couses stated
0 5 7 6 4		22h SIGNATURE	7 M.	DEGREE		III. DATE SIGNED
H. H.		Unm	YILL	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NP 1/10/
A See D		22d. PHYSICIAN'S NAME (TYPE OF PRI	N1)	220 ADDRESS P 9.	0 11 11	1 0 1 1
O HOSI		Elwood M	-Gec	1600 tibe	ty reights	Ave Belt, MD 21215
7 6 ± 2 3 ₹		BURIAL, CREMATION, REMOVAL 2	3b. DATE 23E NAM	E OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		10	11/4/86 Che	web leen	ZUN	1 Va
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	AQDRESS 1			b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	6	oseph C. Plus	2 2 2 2 2 2 2 2	north we JA	1 1 1 1900 1	4



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR			CERTIF	CATE OF DEATH		REG. 1	10.		
	ECEASED NAME FIRST	MIDD	DLE	l.	AST	1	O DATE OF DEATH		DAY YEAR	2b. HOUR
- in	FINTLY 14	YLES 1	WHEL	(n a	0.0		1	123	86	30000
1.5	111110	T4 RACE	witer	5. DATE C	C.P.	4	AGE LIN YEARS LAST B	1 00	W UNDER I YEAR	F UNDER 24 HRS
3.5	EX.	4 RACE		MONTH		0	AGE (INTERRSTRATIO		MONTHS DATS	HOURS MIN.
	Male	White		Aug.	16. 11	1	74	YRS		
ir	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8	NEVER MARRIED	130 9	BALTIMORE CITY	OR COUNTY	OF DEATH	
1	COUNTRY)	77 0		MARRIE		_	Baltimor	o City	7	
10.0	Pa. CITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL NURSING		R OTHER INSTITUTION		2a USUAL OCCUPA	- 1	- 4	OF BUSINESS OF
10			CILITY, GIVE STREET A		OTTIER WIGHT		TYPE OF WORK FOR MOST		E) INDUSTRY	. 500111200 01
K	Balto.		es Hospi				Priest			
454	RESIDENCE (IF NURSING HOME OF ATE	OR OTHER INSTITUTION GIVE	E RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS	52 1	3e STREET ADDRESS	/ ZIP CODE	Balto.	, Md.
D	MA	The second second	Balto.		YES NO		3800 Fred	erick	Ave.	#21229
J14 F	FATHER'S NAME				15 MOTHER'S MAIDEN	NAME			,	, , , ,
	FIRST	MIDDLE	LAST T		FIRST		MIDDLE		LAS	
-	Patrick	DUED FORCES IV	Whelan	NEW - 10	Matilde		400	ncc c		gler
	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	SOCIAL SECUR	KIIY NO.	17 INFORMANT 380	00 I	rederick	Ave	- Balto	., Md.
L		br	78-52-02	55	Father Simo				#212	29
	18 CAUSE OF DEATH Enter	only one couse per line	e for io), (b), and	ici.i					APPROX.	IMATE INTERVAL ONSET AND DEATH
-	PART I. DEATH WAS CAUS	ED BY	113 -1		west				4	tan dis
	IMMEDIA	ATE CAUSE (0)	S A GONSEQUE	a	Series					11110
			414							
	Conditions, if ony, which gove rise to immediate	(ib) QC	sule res	Or rak	2 arrive				14	103
-	couse to, stoting the	DUE TO, OR A	S A CONSEQUE	NCE OF	0				1-1	
	underlying couse lost	CI	45						100	8
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMIN	IAL DISEASE OR COI	NDITION GIV	EN IN PART N	7
Z	Contric (0		TEM						
FICATION	190 DATE OF OPERATION	19h CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20h JE YES	WERE FINDIN	VGSTISED
윤	11/1 10	1		W	T T T T C T C T T T T T T T T T T T T T		HOLT AL	OF DEATH?		
CERT	1/10/86		ric C	M			YES NO	YE		NO 🗌
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. HME OF IN	MONTH DA	Y YEAR	21c. HOW INJURY OCC	CURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 P	PART I OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	EAIN		19						
MEDIC	21d INJURY OCCURRED	21e PLACE OF	INJURY		211. LOCATION			0110	COUNTY	
¥.	WHILE NOT WHILE	(AT HOME STREET	FACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR T	UWN	COUNTY	STATE
	AT WORK AT WORK	7 b 0 1 1 1 1	14	15/0		2/-	112		1/2	. 6
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	sow the deceased alive a above (in twe) (did) (did i	of view the body offe	er deoth.		d that in (my) (our) opin	mon de	oth occurred on the	sore and hou		
	THE SIGNATURE				DEGREE			STATE	22c. DATE	SIGNED
	LATRONS	A Landes			ATTENDIN PHYSICIAI		MEDICAL STA	AFF ICIAN ()	1112	3/86
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				1	0.00
	Bad 10 A	1-6-01			9000	1	1 1			
-	Loanen It.	Laviren			100 0	LION	Ave			
23a.	BURIAL, CREMATION, PEMOVA	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATO	ORY	23d LOCATION		COUNTY	STATE
	Burial	Jan. 25.	1986 Ne	w Cat	chedral Cem.		Balto.			Md.
24	FUNERAL DIRECTOR		SIL	reten			REC'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNAT	
1	Iruman Ja	tw AB		2 19	7	EEL	0 7 4000	dalin	Kning .	70. 4.00
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 OR ATTENDING PHYSICIAN The BP.

> DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been signed by the oftending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or the

7.30

Millett, ski, vegas s

						DEBART			MARYLAN	Jan.	Aur	0	1 /	0 3		
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O,	2,000		REGISTRAR	F FIRST	1711	MIDDLE	EVAWIN	EK 3	LAST	CATEO		KE	G. NO.	NTH DAY	YEAR 2	L HOUR
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1	の名前を自己	70. BI	RTHPLACE (S	STATE OR	76. CITIZEN OF	WHAT COUN	VTRY?	MAR	RIED NE	VER MARRI	ED 🗆 9	BALTIMORE C	ITY OR CO	UNTY OF DE	EATH	
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	20273		altimo		1023		mbard S		et							
10	225960	UBUA		(IF IN NURSING HOME I			OR TOWN	N)	13d. INSIDE C	ITY LIMITS?	130 STREET	ADDRESS		2	10	03
2	A SEE MAD	MA	RYLAND			BAL	TIMORE		YES	NO 🗌		E. LOM	BARD S	STREET	,	and heart
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ui M	542230	0	UNK	NOWN							NKNOWN				107	
OW	a San Zon	16a W		DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFORA	TNAM		ADD	PRESS			
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3	DIA PART	7	18 CAUSE C	OF DEATH (Enter or	nly one couse per li	ine for (a), (b), and (c).)							APP	ROXIMATE IN	TERVAL
N N	ENE RATE	0	PARTID	EATH WAS CAUSE	D BY: TE CAUSE (a)	Ethai	nolism							DETWE	ECH ONSET A	NUDEATH
STO	A LOIS A LOIS A COIE		-4-14	arone o in		OR AS A CON	NSEQUENCE C	F			D BY				A-100	
2	WITHIN 24 SINCE IN III AINER ALC TRANSIT PI NTAL HYGI			ins, if any, which												
×.	SALE SE		couse (a) stoting the under-		OR AS A CON	NSEQUENCE C	F			T. A.				100	
201	XECUTED JG". IN P JAL EXA BURIAL AND ME	1	lying ca	use lost.	(c)											
RECORDS	JUD BE EXECUTED "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND MA IL, CREMATION,		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELA	ATEO TO THE TERM	NAL OISE	ASE OR CONDITIO	N GIVEN IN PAR	RT I tol.					
0	D BE EXECTED BE EXECTED BY A S A BU AS A BU CREMATH AN CREMATH	NO.	-53×													
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NO	SHOUN SHORT	3	UNDERLYING CONTRIBUT	ING CAUSE OF		.M.	19									
VISI		MEDICAL	216 INJURY		21e PLAC	E OF INJURY ACTORY, FARM, E	(AT HOME,	21f L	OCATION STREET			TY OR TOWN		COUNTY	7500	STATE
۵	WRII WRII ARP AGE ATE 1201	5	AT WORK	AT WORK		Acton, , Anin, L	.16.]	1	OTALL			IT OR TOWN		COONIT		STATE
	WER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEF IND, 21201 PR	135	77a. I cert	ify that I took charg	ge of the remains a	e tribede ho	ve held on	Auto	nosv	Inspection	XX	Inquiry .	ond in m			
	EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: (WITH THE S MARYLAND)		death result		ral courses XXV	Liden	[] 4	rude [, ps,	III.SPECIION		ined manner		y opinion		
	EXAM CERTIF JLD BE DIREC WITH AARYL		Marie Control	10-	177	1	7	17	TIMES	PECIFY	One Com	med manner	<u> </u>			
	AL DOUGH		ACTUAL	Velen	us I/	Me	0411	lu			E MEDICA	LEXAMINER	DA	TE 1	-13-8	6
	SEA SEA		3131			///						LEXAMINER	310	JINED		
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTA AFTER DEATH WITH THE BALTIMORE, MARYLAI		EXAMINER'S (TYPE OR PRI	NAME Deni	nis F. Sr	nyth,	M.D.		_ADDRESS_	111	Penn S	St., Ba	lto.,	Md.	21201	ut.
	5X45A4	23a.Bl	JRIAL, CREMA	TION, REMOVAL	73b DATE	23c. I	NAME OF CEM	ETERY	OR CREMATO	ORY	23d. LOCA	TION		COUNTY	STATE	
07/84	BP	13		JRIAL	01-17-86	CR	OWNSVII	LE	VA. CE	METER	Y CROV	NSVILL			STATE	
25M	DHMH - 17	24 FL	NERAL DIRE		ADDRE	55				250. DATE R		GISTRAR 25b.		SSIGNATU		
	(VR A15 ME (5))	BRO		MPSON FU	NERAL HO	ME 191	3 W. BA	LTO	. ST.	JAN	20 6	00	. 4 U.M. 2	Dear May		

STATE OF MARYLAND	6
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

037027	1-	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3	11.74	ELLA	NORA	WHITE	JANUARY 28.	1986
mo)	3 SE	(4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ma ectar, pr		Female	Black	Apr. 11. 1898	87 YRS	IONSHS DAYS HOURS MIN.
hou hou	30 BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
n 72	~	stleton. Md.	U.S.A.		Baltimore City	MD.
with the d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
S of	Ва	ltimore	2911 Forest G	len Road 21216	(TIPE OF WORK FOR MOST OF WORKING (IPE	INDUSTRY
0 = 1 A	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21 21 6
三龍 取	Ma:	ryland	Baltimo	re YES X NO	2911 Forest G1	en Road
A HEAL	14. F.A	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
[2] [[2] [[2] [[2] [2] [2] [2] [2] [2] [Jol	nn	Hopkins	Clora	MIDDLE	Hopkins
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	21216
1 04	No	N/A		7829 Walter Joy	ner 2911 Fores	t Glen Rd.
ote Sign you.		18 CAUSE OF DEATH (Enter on	ly one cause per line for iai, (b), and		11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
p phy on po emo		PART I. DE ATH WAS CAUSE IMMEDIAT	6 mos			
that the death of by the ottendial cose remove corrupt, cremation, or other troumati		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	nos devotic H	earl Disease	10 48015
requires on signed Then pl or to burn injury, o	NOIL	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	VONE	IINAL DISEASE OR CONDITION GIVE	EN IN PART 110
the low ion.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH? NO NO
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offendir offer this os the bund Mond Mond Mond Mond Mond Mond Mond Mo	MEDICAL	VHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
artenolistical or CTOR: A for use of Heolism of Heolism of Heolism		saw the deceased alive on obove, (1) (we) (did) (did no	ol) attended the deceased from 19	, and that in (my) (our) apinion of	death occurred on the date and hour	9 6 6, that (It (we) lost and from the causes stated
TAL OK.		226. SIGNATURE	W Moores	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/31/86
o HOSPITAL etoined by t TO FUNERAL should be del with the State MAPORTANT:		Mar cus W	. Moore Sr 1	nD 1371 N.	Carey St Par	Ho Md 21217
BP		urial, cremation, removal speciBurial		rk Meth. Ch.Cem	TO TOTAL THE	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24.30 Le:	royme O. Dyett	4600 Lib. "High	ts. Ave. FEB	0.4.40-	RAR'S SIGNATURE

Funeral Home, 130 E. Fort

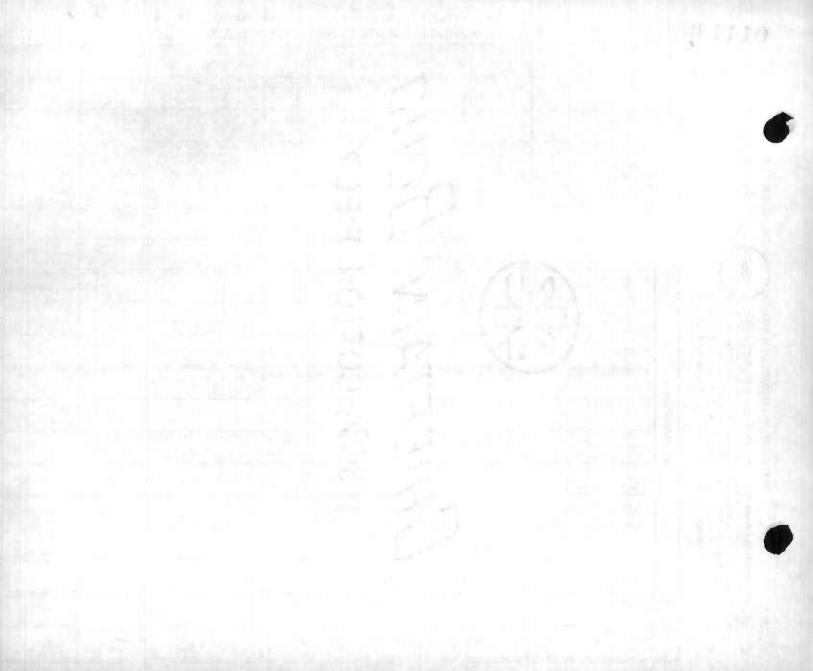
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	\\		E OR PRINT)		THANTEL		1,/1	HITE	JR.		ATE KNOWN [DF ESTI- ATH MATED	□ 1-6-		78 HOU
	EAS TOR TILES	3. SE)		4 RACE	THANIEL IS DATE OF BIRTH		16. AGE (IN YEA		DER 1 YR. TIF UNDE		DATE		DAY YEAR	2d HOU
	RECT STATE	J. JL/			MONTH DAY	YEAR	AST BIRTHDA	MONTH		MIN PROM	OUNCED			5:30
1	TON	d's Di	M RTHPLACE (ST	B	8 17	45	118	RS.				1-6-	OF DEATH	13:34
•	IS NECESSARY, PLEASE EFUNERAL DIRECTOR. E. S. FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET.	MA	RYLANI)	U.S.A	•	251	MARRI	ED DIVOR	CED L	altimore city			ME
	>モの音のこく	В	altimor	е	Univers	"ty"H	ospita	1 STL		UNKI	CCUPATION (TY	PE OF WORK 12	OR INDUST	
21201	NY DELA ND 3 TO ND 3 TO ND 3 TO ND 10 B F SHOULD BE SHOULD BE SHOULD BE SHOULD BE	INSUA IN S	RESIDENCE TATE RYLANI	IF IN NURSING HOME	E OR OTHER INSTITUTION, GIV	13c CITY	BEFORE ADMISSION OR TOWN		13d INSIDE CITY LIMITS?	13e STREET A	DDRESS POPLAR	R GROV	2121 E ST.	6
9	A250 P	=	ATHER'S NAME						15. MOTHER'S MAIL	EN NAME				
20	5522200	NA	THANI	EL	WIDDLE	WHI	TE SR		ELIZAE	BETH	MIDDLE		LEWIS	
W.	NO SECTION T	Téa. V		EVER IN U.S. A	RMED FORCES?		CIAL SECURITY		17. INFORMANT		ADDRES			
7	THE PERSON		NO	(* 123.01	T WAN ON DAILES	218	3-44-2	745	ELIZABI	ETH HOV	VELL 14	29 PO	PLAR	GR.
7	D. 315		18 CAUSE O	F DEATH (Enter o	anly one couse per line	far.(a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL
2	VALES OF SERVICE AND A SERVICE		PARTIDE	ATH WAS CAUS	ATE CAUSE (a) C	ranio	-cereb	ral t	crauma			1000		
ESTO		7	88	09		AS A CON	NSEQUENCE (OF.						
<u>ac</u>	UTED WITHI IN PENCIL EXAMINER I'AL - TRANS O MENTAL ON, OR REA		gave ris	is, if any, whice to immediat	te (b)									
3	AMIN OF THE PEN		lying cau	stating the <u>unde</u> se last.	DUE TO, OR	AS A CON	ISEQUENCE C	OF						
S, 20	ECUTED WITHIN 3." IN PENCIL IN IL EXAMINER AI URIAL - TRANSIT IND MENTAL HY				(c)									
ON CO	EWATI	z	PART 2 OTHER SIG	SNIFICANT CONDITION	S CONTRIBUTING TO DEATH I	IUT NOT RELA	NTED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P	ART I (d).				
DIVISION OF VITAL RECORDS, 201 W. PREST	HOULD BE EXECUTED PRID "FENDING" IN PROPERTY OF THE MEDICAL EXAMINED AS BURILED OF HEALTH AND MEDICAL CREMATION, CARMATION, CARMATICAL CARMATIC	CERTIFICATION	19a. DATE OF	OPERATION	TIPL CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?				On white DC	20011 54 5
IA.	SHOUL ORD "F CHIEF E USED TOF H	5			110 0011011				TENT ONTIED.				THE YIPS	
7	200853		21a. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY		21c. HC	W INJURY OCCURR	ED LENTER NATURE	OF INJURY IN ITEM II	8 PART 1 OR PART :	YES X	NO 🗆
O	STANDER S		UNDERLYING	OR OR	Detwee	Woth IH	1-5-86		ubject fe	11 down	ctons			
rsic	IIS CERTIFICATE VRITING THE WARDED TO THE GE 3 SHOULD E GE 3 SHOULD E TO PRIOR TO PRIOR TO PRIOR TO FOR THE COMMENT OF THE COM	MEDICAL	21d. INJURY C		21e PLACE C	F INJURY	(AT HOME,	21f LO	CATION				4.0	
á	ランタのログ	×	AT WORK	NOT WHILE AT WORK	Front	ste	os	1	129 Poplar	r Grove™	St. Bal	timore	Mary	landre
	CATE, WRI CATE, WRI FORWARE OR: PAGE THE STATE (ND, 2120)		22n 1 cortif	y that I taak cha	rge of the remains desc	ribed ob	HEAD ON	ILY)	y N Inspecte	an la	juiry , o	and in my apan		
1	NA NICHAN	6	death resulte		urol couses ,	Accident	M	cide	Hamicide .	Undetermin			dii	
	KAN KERTING BENEFIT AND STATE OF THE STATE O	1		Ma.	- 1	1/	^^		TITLE (SPECIFY)					
	AN HANGE		ACTUAL SIGNATURE_	Wegs	me love	160		м.	D. Assistan	1 MEDICAL	EXAMINER	DATE SIGNED.	1-7-86	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL UNIECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND 2		EXAMINER'S I	NAME Ma	argarita A.	Kor	e11,M.0).	111 Peni					
	PATO PATO	23a.B	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. I	NAME OF CEA		RCREMATORY	23d LOCATI	ON			
07/84	BP	(5	BURIAI		1-11-86		BALTI			BALT	IMORE	COUNTY	MARYL	AND
25M	DHMH - 17		UNERAL DIREC		ADDRESE					REC'D. BY REG		SISTRAR'S SIG	NATURE	
	(VR A15 ME (5))	WM	I.C.MAI	RCH F/F	INC. ADDIEST	01 E	. NORT	H AV	E	ANTO	1988 40	المالية المالية	-1-173nd	to Mile



MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC.	NO

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
	CEASED NAME FIRST	MIDI	DIE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	Turk Amts	Ex	WhiTT.	E	11:4/86	3 32 4			
3. SE	X JAMES	RACE -	5. DATE		6 AGE TOWN WITH WHY,	I ID OF TYEAR IF UNDER 24 HRS			
	MALE	WHITE	12	/28/08	77 YRS	MONTHS DAYS HOURS MIN.			
	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WH	HAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH			
	MARYLAND USA			DIVORCED	BALTIMORE	City MD.			
		1. NAME OF HO	SPITAL, NURSING HOME	Natural Natural	120 USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR			
BALTIMORE UNIVERSITY OF				YLAND	(1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BREWERY				
130 5	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT MD BAL		RESIDENCE BEFORE ADMISSION) RECEITY OR TOWN HALETHORPE	136 INSIDE CITY LIMITS?	5741 FIRST AVI	ENUE 2/227			
3	ATHER'S NAME FIRST WHITTLE	IDDLE	LAST	15. MOTHER'S MAIDEN NAMES IN THE STATE OF TH	WE	LAST			
160 V	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16	215-01-2545	MARTE Y. W	HITTLE 5741	FIRST AVENUE			
	BUKALALOF DEATH (Enter only	one couse Office	06 8 b on CREST	LAWN CEMETERY	3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED	15 m wores							
	IMMEDIATE		S A CONSEQUENCE OF	J. Annes!		13 2120/63			
	Conditions, if only, which (b) Conormy Anthy distasse								
	couse (b), stating the underlying couse lost.	,							
	(c) Cros 1516 Pago candial INFAMELION Novas								
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
9	RENAL FAILURE		-A NON-B	SULLANDER					
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	n Was Performed	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO			
GR	210. ACCIDENT WAS UNDERLYING	21b. TIME OF II	NJURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART 2)			
AL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	MONTH DAT TEAK	10000					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY	211 LOCATION					
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET	. FACTORY, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE			
	22a. I certify that (I) (this hospital) attended the deceased from 12/30 19.85, to 1/4 19.86 that (I) (we) last								
	sow the deceased alive an 114166 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (11) (iv) (did) (di								
	226 SIGNATURE DEGREE 226 DATE SIGNED								
	Jerling Of Lord III mp ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS								
	226. PHYSICIAN STAME (TYPE OR PRINT) 226. ADDRESS								
	Ludwig J. Eglseden III mp University of mongland Hospital								
	BURIAL, CREMATION, REMOVAL	236 DATE	231 NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE			
	BURIAL	01/06/86	6 CRESTLA	AWN CEMETERY	S YKESVILL	E CARROLL MD.			

BP.

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please rawith the State Dept. of Health and Mental Hygiene prior taburial, cre-

ATTENDING PHYSICIAN: The

IMPORTANT: If Hem 21 is morked or Item 18 shows any

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

ADDRESS
SULPHUR SPRING RD 1328 AMBROSE FUNERAL HOME

JAN

CARROLL JAN 6 1986 January January January

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#21229

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTIN	ICAIL OI DEA	***	REG. NO.			
1 DECEASED NAME FIRST				MIDDLE	l	AST		20. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR	
BROTHY WIECZYNSKI					- 1			1 / 21	1 86	12NON	
SEX LA RACE S. DATE					OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS		
					MONTH	DAY	YEAR		MONTHS DATS HO	DUKS MIN.	
√Female			White		March	13 19	919	66 YRS			
	RTHPLACE (STATE OR FI	OREIGN	76. CITIZEN OF WHAT COUNTRY?			NEVER MARI	RIED 🗆	BALTIMORE CITY OR COUNT	Y OF DEATH		
Maryland			USA			D DIVORCED		Baltimore City	MD.		
CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME OF			OR OTHER INSTITUT	ION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BU	JSINESS OR	
St. Agnes Hospital			oital			Clerk	Office	=			
Cristia 120	TATE	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)		1				
		Balti	more	Arbutus		13d INSIDE CITY L	IMITS?	1705 Summit Ave	· 21227		
	THER'S NAME	چې د مح		1		15 MOTHER'S MA	C.5	NE.			
James G. Clopein Mary							V. MIDDLE	V. Smith			
	VAS DECEASED EVER			166 SOCIAL SE	CURITY NO	17 INFORMANT		ADDRESS	-//-		
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-10-3184 Joseph 1					Joseph W	ieczy	nski 1705 Summi				
	18 CAUSE OF DEATH	H (Enter anl	y ane cause per	line for ia), (b),	and Icil	01	L		APPROXIMATE BETWEEN ONSE	T AND DEATH	
	PART I. DEATH W.		CAUSE (a)	Cardin	pulmon	an an	car				
						/	35-71				
	Canditions, if any, which (16) Passible 1 19rus erebral beland										
	gave rise to immediate										
	cause 101, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF possible its discophalics								N S S S		
Z	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO										
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO				N WAS PERFORMED		20a AUTOPSY? 20b. IF YE	S WERE EINDINGS	LICED		
H				more rok wind	SIT OF EKATIO	TO WAS TEN ORME		208 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
RTI										10 🗆	
1000	21a ACCIDENT WAS UND		Linear Li					ED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)		
3	(IF EITHER NOTIFY MEDIC		Р.		19	1776					
MEDICAL	21d INJURY OCCURR	RED	21e PLACE			216 LOCATION		CITY OR TOWN	COUNTY	STATE	
W	Al work	ILE	(AT HOME STE	REET FACTORY, OFFIC	E FARM ETC)	ZIKEEI		CHTORIOWN	COUNTY	STATE	
	270 certify that (1) (this hospital) attended the deceased from First week tan, 1985, to 1/2/ 1986, that (1) (we) lost										
	saw the decease abave, (1) (we) (d	d alive an	1/21	19	86 or	nd that in (my) (aur) apınıan dı	eath accurred an the date and ha	ivi and fram the caus	ses stated	
1	226. SIGNATURE	ila) (ala nat	view the body	arrer death.		DEGREE			22c, DATE SIGI	NED	
	10	tree				MD ATTE	NDING _	MEDICAL STAFF	1/21	8-6	
	PHYSICIAN ☐ DIRECTOR ☐ PHYSICIAN ☐ 724. PHYSICIAN S NAME (TYPE OR PRINT) 726. ADDRESS							170	210		
	<u></u>		TAC								
736 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)			236. NAME OF CEMETERY OR CREMATORY		MATORY	23d LOCATION	COUNTY	STATE			
	Burial		1-24-8	36	Loudon	Park		Baltimore	Mo	d.	
24 FL	INERAL DIRECTOR		1329	3 Sulphu	r Spri	na Rd	25a. DATE	REC'D. BY REGISTRAR 756. REGIS	TRAR'S SIGNATURE	90_	
0.0		. 00	1020	Dathin	T NATT	11000		NO TO THE STATE OF THE PARTY OF	10 TO		

DHMH - 16 60M 7/84 (VRA 15, 4)

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14 FUNERAL DIRECTOR Sterling Funeral Estate, P.A.

Edmondson Ave. : Catonsville . Md. 2122

FOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

-										_
DE	CEASED NAME FIRST T	anice MIDDLE	l	TATE OF The	1+0	20 DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR	
TYPE OR PRINT)		NIIICE	hill in	WIL WITH Wiewhite		1101		86 12:02		
	57,070	16	.0/6	61110		//	0/	04	16.6	5
SE	х ,	4 RACE	5. DATE C	OF BIRTH		& AGE IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR	IF UNDER 2	a HRS
	E-MARIE	Blue	MONTH	DAY	YEAR	3.5	-	MONTHS DAYS	HOURS '	MIN
	1 Emilie	UHCN	1	2.7	50	20	YRS			
BI	RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNT	RY? 8.			9 BALTIMORE CITY O		OFDEATH		_
, (COUNTRY	1151-	MARRIE	D - NEVER MAI	RRIED -	0 .1	0	11.		
(INKNOWN	W JA	WIDOWE	DI DIVO	RCED T	BAHIMOL	-E	CITY		N
) C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU				120 USUAL OCCUPATION	N.	12h KIND O	E DI ICINIEC	5.0
	1.1.	(IF NOT IN SUCH FACILITY, GIVE S	1.1		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			1 00311423	,	
(',, † 4		LUMPRAL	Hos	PITAL		Inone in one				
SU,	AL RESIDENCE LE PURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION	1		100.		2171	/	_
Ja. 3	STATE // ITE SOUN			13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	PIP CODE	- 1 6mg	CO 5,	
	non A V	- Bal	tre	YES N		3 37.3 6	DIP CODE	10	0. En /1	14
113	THER'S WAME	Porto		15. MOTHER'S M			1			
117		AIDDLE LAST		D. MOTHER S M	TAIDEN NAM	WIDDLE		LAS	,	
	WHI MEAT	un/		110	1120	1-71-1	3	t A S		
- 14	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INSCHMANA	JE J	ADDRE	-	-		
		WAR QR DATES)	SECURIT NO.	IV. INSTANTAGE	121	- HOURE	01	2/-	1001	1
,	7)	12/2-1	1-38-46	She	Lucy	JAN STORY	11/2	et The	24	91
_	10	To I	00) 13	53	130	apret 1		17.7		
	18 CAUSE OF DEATH (Enter onl	y ane cause per line far (a), 1b	, and ic			^		BETWEEN	MATE INTERV	EATH
	PART I. DEATH WAS CAUSED		(opr	alio nos	enisa	tor Chr	2027			
	IMMEDIATE	IMMEDIATE CAUSE (o)								
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which gave rise to immediate									
	couse fol, stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse last.									
	(c)									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
2	IN ANY SERVICE SERVICE									
								11.11		
5	190 DATE OF OPERATION	HICH OPERATION	N WAS PERFORM	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED						
_				YES NO NO NO NO NO NO						
2				Tax		YES NO			NO 🗌	
5	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	DAY VEAD	TIC HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART I OR PART 2)		
4	OR CONTRIBUTING CAUSE OF DEAT	""								
٠.	(IF EITHER NOTIFY MEDICAL EXAMINER)		19							
2	216 INJURY OCCURRED	21e PLACE OF INJURY		216 LOCATION		CITY OR TOV	VNI	COUNTY	STA	TE
3	WHILE NOT WHILE	TAT HOME STREET FACTORY OF	KE PARM EIC	167		CITT OK TOV	****	(00/4/1	318	16
	AT WORK			560	-					
	22a certify that (1) (this haspital) attended the deceased from 1214 19 86 to 19 8									
	sow the deceased alive on									
	above, (1) (we) (did) (did nat	view the body after death.					, c and noo	· ond from the	.00363 31016	·u
	776 SIGNATURE DEGREE							226 DATE	SIGNED	
	L	Ledme:				MEDICAL STAF		11	and as	,
	PHYSICIAN DIRECTOR PHYSICIAN							1/0/82		
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS					/	
	(14	ZUVINA (· CUA	U	W	THERM	1/1	058101	77	

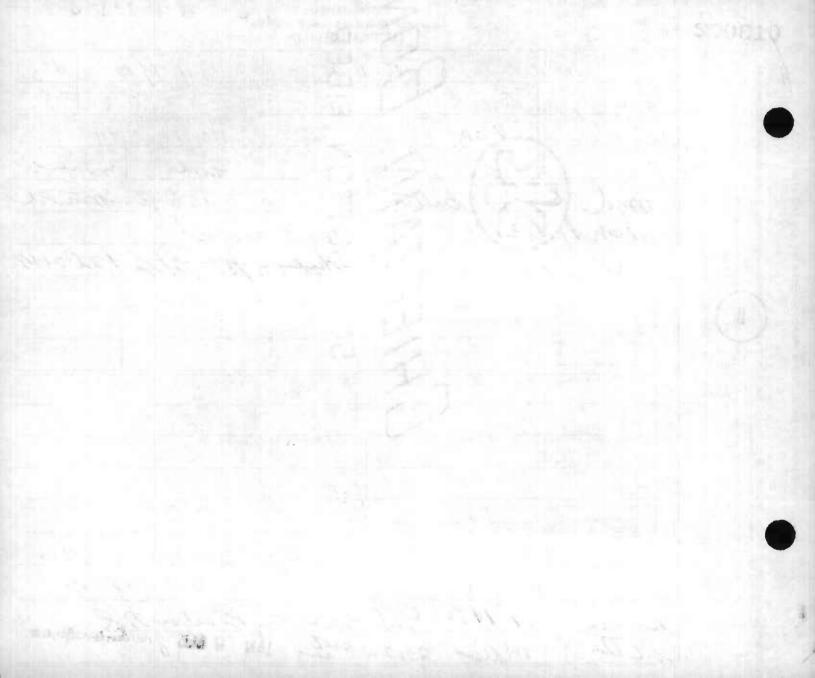
DHMH - 16 60M 7/84

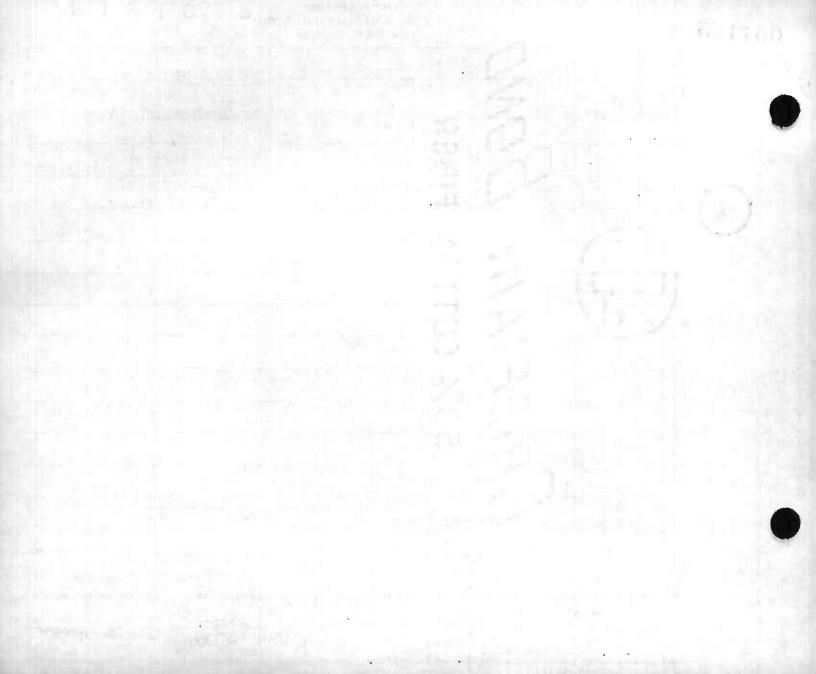
(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

236 DATE

230 NAME OF CEMETERY OR CREMATORY





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STATE OF MARYLAND 1 - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYBIENE

0	1 1	1	1	2
				1

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
1	CHARLOT	TE E	WILDBERGER	JANUARY 3, 198	6 05:20pm			
3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
	Female	White	April 27, 1912	73 YR				
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH			
	Maryland	U.S.A.	WIDOWED DIVORCED [DATESTACE OF	TY MD.			
4	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	12b. KIND OF BUSINESS OR			
4	BALTIMORE	THE JOHNS HOP		Secretary	Copper			
	SUAL RESIDENCE (IF NURSING HOME OF STATE 13b COUR Maryland	NTY 13t. CITY OR		130.STREET ADDRESS / ZIP CO 600 Light St.	^{ODE} 21 230			
IA	FATHER'S NAME William	MIDDLE Jub	15. MOTHER'S MAIDEN I	N AME MIDDLE	Mossholder			
16	WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRESS				
	(YES, NO ORUNKNOWN) (IF YES, GIV	VE WAR OR DATES) 218-28	8-0715 Wm. F. Wild	berger 706 W. 01	d Liberty Rd.			
Г	18 CAUSE OF DEATH (Enter or				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1	PART I. DEATH WAS CAUSE	TE CAUSE (0) CAR DIDPL	ULMONARY ARREST		35 mils			
		DUE TO, OR AS A CONS	SEQUENCE OF	117	24 hour			
	Conditions, if ony, which	(16) PROBABLE	PROBABLE PULMONARY EMBOLUS					
1	cause (a), stating the underlying couse last	DUE TO, OR AS A CONS	SEQUENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1/a			
2			or to the to	1	ONE WINT AKT THE			
MOITADISTER	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
]				YES NO	YES NO			
	OR COLUMNIA COLUMN		1 DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
3	(IF EITHER NOTIFY MEDICAL EXAMINE	1	19					
LA CHORN	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FFICE FARM, ETC) 211 LOCATION STREET	CLTY OR TOWN	COUNTY STATE			
	AT WORK AT WORK		311/10/3		GI.			
ı	22a certify that (I) this hosp		4/	an death accurred an the date and	19 0 , that (I) we last			
1		st) wew the body after death.	DEGREE	an death accorded an me date and				
	JmK. Ve	2ms	MD ATTENDING		1/3/86			
1	RESAR	JON R.	22e ADDRESS 50H 1680	WOLFE ST BALTO	MD 21205			
73	BURIAL, CREMATION, REMOVAL	. 23b. DATE	236 NAME OF CEMETERY OR CREMATOR	23d LOCATION	11112			
1	(SPEEDEN) THE SPEEDEN STATE OF	1-6-86	Parkwood	Parkville Ba	Itimore Maryland			

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Mitchell-Wiedefeld Home 6500 York Road 21212

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

		27, 1912	Single Date		Eager:	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

FOR	
STATE	
DECISTOAD	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.		
	1. DE	CEASED NAME FIRST		WIDDLE A		AST	26. DATE OF DEATH	MONTH	DAY YEAR	76 HOUR
1	(IIIE		(neep	uth)	Wi	Ikens		1-	2-86	12:20 MM
d	3 SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	HRTHDAY)	MONTHS DAYS	
		Female	Whit	9	AUS	20 4004	84	YRS		HOURS MIN.
2	A BI	RIHPLACE (STATE OF FOREIGN	U. S	· A ·	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city	or count	ity,	MD.
C		It imore	11. NAME OF A	HASHITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION OF WORKING	LIFE) 126. KIND	OF BUSINESS OR
6	73a S	AL RESIDENCE (IF NURSING HOME OR STATE Nd.	OTHER STATE	altino		134 INSIDE CITY LIMITS?		/ ZIP CO	ok Rd.	-21228
0	14 FA	John John	MIDDLE	Ruth		Louise	WE	-	Schle	AST ADDNer
2		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS	21153	•
	-	YES MOOR UNKNOWN) (IF YES GIV	E WAR OR DATES	212-14-	3352	Mrs. Marga	ret Gorn-	-Steu		
1	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO		NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	20b. IF Y	GIVEN IN PART TES, WERE FINCE TIFYING CAUSE YES	INGS USED
	MEDICAL CE	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTHLY MEDICAL EXAMINER AT WORK NOTHLY MEDICAL EXAMINER NOT	TH HOUR A.I. P.I. PLACE (AT HOME STR	M. MONTH DA M. OF INJURY EET FACTORY OFFICE FA deceosed from 19	19 ARM ETC)	211. LOCATION STREET 211. LOCATION STREET 19 de that in (my) (our) opinion of PHYSICIAN 213. ADDRESS	city OR T	dote and ha	COUNTY 19 66 Dour and Iram th	STATE , that (I) (we) lost
		Jose F. FER	onder	1		900 Cator	due Ba	elte	Me 21	229
	(BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1/4/8	6 Ne	w Ca	thedral Cen	23d LOCATION CITY OR TOWN Baltim	ore.	Marul	and STATE
	24 FL	uneral director Sterl 66 Edmondson				e, P. A. 250 DAT	AN 7 198	R 25b. REGIS	STRAR'S SIGNA	LURETINE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Item 18 sho

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Carl St. Park. Car., Calabrid and Democratic and Archive to 1811.

035087	1 -	FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6 _ O	1/	
200		EASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH		YEAR 26 HOUR
eo eo eo	(FYPE	OR PRINT)	N R.	WI	LKIE	January 3	30, 1986	9:22A
aoy pog ter de	3. SE)	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		ER I YEAR IF UNDER 24 HRS
ector rrs of		Female	White	May	20, 1914	71	YRS	DAYS HOURS MIN.
leoth Po		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	UNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Baltimor		EATH MD
o o tes	18	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Maryland (NURSING HOME OF STREET ADDRESS) General Ho	OSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NUrse		KIND OF BUSINESS OR DUSTRY Medical
n 24 hou	I la. S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	UNTY 13c CITY C		13d. INSIDE CITY LIMITS? YESX NO []	13 STREET ADDRESS /	ZIP CODE Ave.,	21201
mpletel and 2	14. FA	THER'S NAME FIRST John F	R. Wilk	ie	Ruth	MIDOLE	ewer	LAST
The Part of		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANT	ADDRE	SS	
2 10 1			V II 220	30 5668	John R. Wi	ilkie, Laur	rel, MD	20707
on that the death ce pred by the attending a please endor curb based, committee, or 7, or other traininfie.		Canditions, il any, which gave rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A COL	nsequence of cute rena		minal disease or cond	DITION GIVEN IN	PARI IIa
to ben't to ben't to be not be not ben't to be	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO XX		E FINDINGS USED CAUSES OF DEATH?
SKIAN III	DICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED	EATH HOUR A.M. MON	19	211 LOCATION		-	
others of the others of the other of the other or the other other or the other or t	ME	WHILE AT WORK AT WORK	(AT HOME STREET FACTORY	, OFFICE FARM, ETC.)	STREET	CITY OR TOW		DUNTY STATE
the hospital of the hospital of tooked to vie a Dept of Head if New 21 is m	0.00	220.1 certify that XI) (this has saw the deceased alive a abave, (Niwe) (did) (did) 77b SIGNATURE	pital) attended the deceased in January 30	19 <u>86</u> , an	od that in (Xy) (our) opinion DEGREE TENDING	death accurred on the da	1	
FUNERA THE Stot ORTANT		22d. PHYSICIAN'S NAME (TYPI	E OR PRINT)	101-	27e ADDRESS			130/16
5 5 5 5 5 A	23c B	Rebecca Byr		1234 NAME OF C	C/O Marylan	d General Ho	spital	
BP	- (Burial	2/3/86	Hill Cr	est	Annapoli		MD
DHMH - 16 60M 7/84		NERAL DIRECTOR Henr	y W. Jenkin	DDKE 22	5 Co. 250 DA	TE REC'D. BY REGISTRAR 2	56 REGISTRAR'S	SIGNATURE

21212

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road

Balto., MD

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John F. Milde Futh Brawer

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Hanny M. Johan & Co.

POPE YORK FOR ELLO., UND 21212

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3154	1-	FOR STATE	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	POTENE O U	1 7 1 8	
poge 3 or death		REGISTRAR CEASED NAME FIRST OR PRINT) Edward	William	Wilkins	LAST	PREG. NO.	3-86% YEAR 2b	HOUR P.
	3. SE	Male	4 RACE Negro		OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHD		UNDER 24 HRS
83		RTHPLACE (STATE OR FOREIGN COUNTRY) Theriton, Ta.	76 CITIZEN OF WHAT CO	LINITDV2 8	NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH	MD
44	В	TY OR TOWN OF DEATH Altioore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Union Memo	orial H		128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W		USINESS OR
35	30 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	INTY 13t. CITY	or town timore	13d. INSIDE CITY LIMITS? YES X NO 1	2401 College		
DC	I	THER'S NAME FIRST	B. Wil	LAST Lkins	Nellie	MIDDLE	Kellan	
e medical		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES G	NE MAD OR DATES	-10-0569	Marguerite .		Ol College A	21214 Ve.
any injury, ar other traumatic eve	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	al Anfare	ten RMINAL DISEASE OR CONDIT		us
L	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION	ON WAS PERFORMED	YES NOW		
7	MEDICAL CEI	216 ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IFETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A.M. MON	19 Y		JRRED (ENTER NATURE OF INJURY II		STATE
		220.1 certify that (1) (this hasp	1 1 2	19 26	DEGREE ATTENDING	an death accurred an the date	and have and from the cau	
IMPORTANT: P		22d PHYSICIAN'S NAME (TYPE Robert	Devereaux		PHYSICIAN 22e ADDRESS 201 E. U	□ director □ physicia Jniversity P		0
≤ '		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1-7-86		CEMETERY OR CREMATOR IS Memorial P	ark Arbutus,	Balto Co., M	
7/84		uneral director arshall W. Jone	es,Jr. FH 410	ADDRESS 2	779	JAN 6 1986	b. REGISTRAR'S SIGNATURE	

Williss St. Br. Land 113-36

Male Negro

(heriton, Vs. Usa

A.15 - Va01

D. Filkins Nellie

Rorial 1-1-35 Producte Manorial Port Arching Dairo Co., Md.

Personall . Jones. Tr. Ph 4101 Paronahon Ave.

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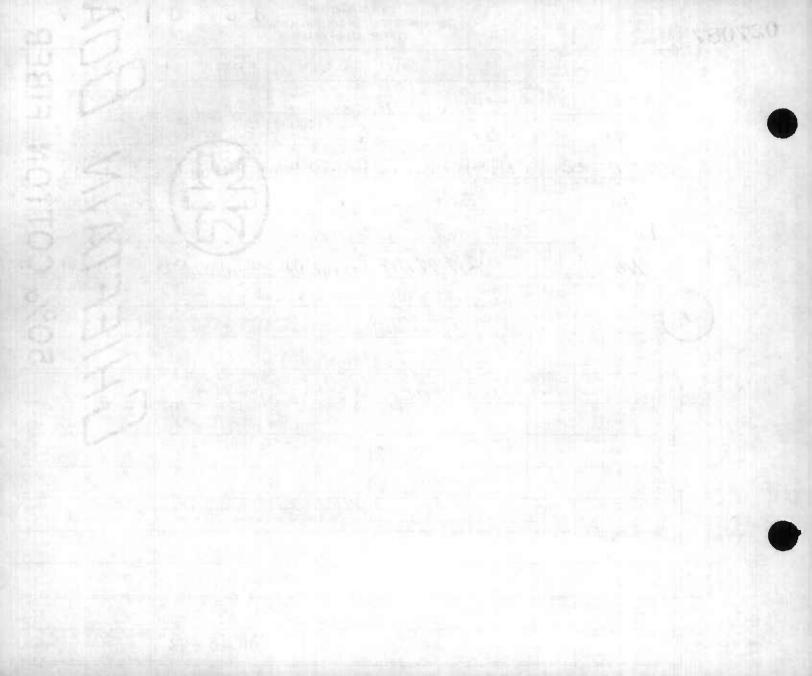
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ST. S. Eller 10-5 minife a sofreegenk (Sec-01-e)

William C. March F/H West 4300 Wabash Avenue

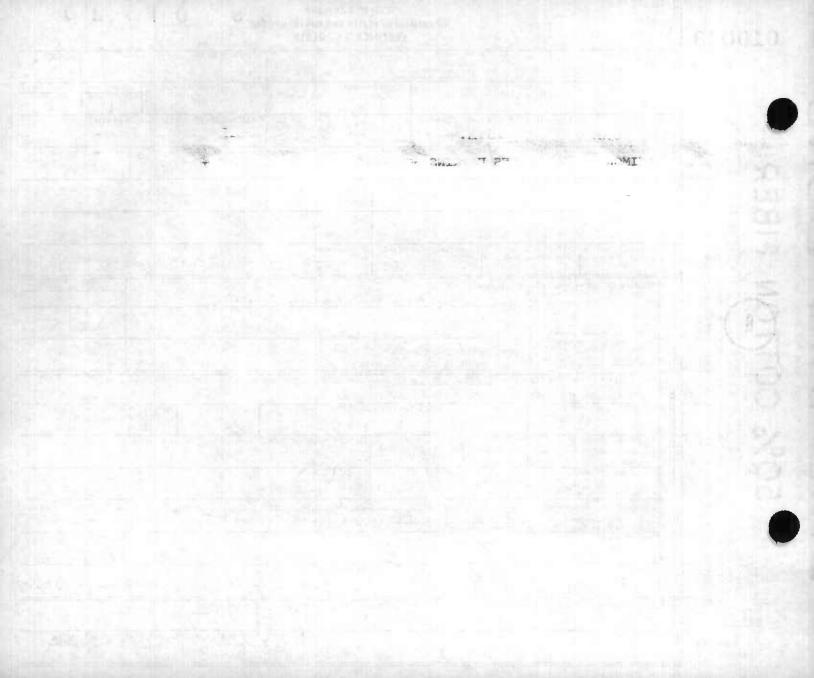
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE



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	Z ST	NA -	1.	D1 - al.	MONTH DAY	YEAR	LAST BIRTHD	MONTH		HOURS		DEAD	,	/ 27 /	00	3 194
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	SE S	FO	REIGN COUNTRY)				.,,,,,		ED NEV		ED L		ore Ci		LAIII	
	IS NECESSARY, PLEASE FLINKRAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,		orth Ca		U.S.A.	ITAL NU	RSING HOME	WIDOW OR OTH		DIVORCE			N ITYPE OF WO	-	ID OF BUS	MD
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7	\$380837	M	laryland	_			timore		YESXX	NO 🗆	1203		roline	Stre	et 2	1213
WD	PATH.	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME	MIDDLE			AST	
RE,	DEATH SEST, SAND	1	James		Bailey		11 i ams		Sar				Wi	lliam	S	
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BALTIMORE, MD.	JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION		Unknown			246	-48-27	30	Ruby	Harr	is 18	29 N.	Montfo	rd Av	enue	
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OF.	NE WE	W W		L CAUSE WAS	216 TIME OF		DAY YEAR	21c. HC	OW INJURY	OCCURRED) (ENTER NATU	RE OF INJURY IN	ITEM 18 PART 1 O	R PART 2)		
NO	SET OF SE	1 3	UNDERLYING CONTRIBUTIN	IG CAUSE OF		MONIN	19									
VIS.	INER: THIS CERTIFICATE SHE ICATE, WRITING THE WORL TOR: PAGE 3 SHOULD BE THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR	MEDICAL	21d. INJURY O		21e PLACE O STREET, FACTO				CATION		C	TY OR TOWN		COUNTY		STATE
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	ME. T		220. I certif	y that I taak char	ge of the remains desc	ribed abo	ve, held on	Autops	y [].	Inspection		naury [X]	ond in my	v opinion		
100	AND THE STATE OF T		death resulte			Accident		icide	Homici			ned manner		, 0,		
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	AL ALCONOMINATION		SIGNATURE_	Jul	white Mr	611	relly	M	D. Ass	istar	1t MEDICA	LEXAMINER	DA	TE 1	/31/8	36
	NOR NEW ST		EXAMINER'S I	JAME	1											
	A SECTION OF THE SECT		(TYPE OR PRIN	II)Marc	garita A. J				ADDRESS	111						
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VP PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR, PAFER DEATH, WITH THE STA BATTIMORE, MARYLAND, 21	230 B	URIAL, CREMAT	ION, REMOVAL			NAME OF CEA				23d LOCA	NOIT		COUNTY	STA	TE.
07/84 25M	BP		BUR I AL	100	2/4/86	E	astvie	w Men		Park		timore			Md.	
2.3/41	DHMH - 17		NAME		ADDRESS					CCD .	C'D. BY REG	V	REGISTRAR		JRE	
	(VR A15 ME (5))	MA	rch Fun	eral Hom	es 1101 Ea	st N	orth A	venue		LCR	U4 19	80 7	hia David	SUN-1901	notete.	

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M T NO NO	S JLE	ATHER'S NAME		WIDDI		LA	ST		15. MOTHER	S'S MAIDEN	INAME	MIC	DDLE		LAST	
H ANTER		seph		Alde			liams			tance					Frank	
M MASONS		WAS DECEASED	EVER IN U.S. AR			16b. SOCIA	AL SECURITY	NO.	17. INFORM	ANT			ADDRESS	Newa	ck, Del	.aware
BALTIMORE, MD. S AFTER DEATH IS GEVE PAGES 1, 2 PAGES ND MISION IS VIII	No)			- 3	221-	-54-02	96	Jose	ph A.	Will	iams	- 620	Isle	e Dr.	
2003-0		18 CAUSE OF	DEATH (Enter or	nly ane c	ause per line fa	r (a), (b), a	and (c).)	The state				1133			BETWEEN ON	ATE INTERVAL
ON \$24 H	1	0151	IMMEDIA	TE CAU	SE (a) Mu]											
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WITHIN WCIL IN INER A RANSIT TAL HY			s, if any, which to immediate		(b)								T Law			C TREA
TED WITH V PENCIL VAAMINEI AL - TRAN MENTAL N, OR RE		tying caus	stating the <u>under</u> elast.		DUE TO, OR AS	A CONSI	EQUENCE O	F								
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MINN HERE	1	death resulte	d frod Natu	ral caus	es 🔲 , 🔼	ccident [X Suic	ide .	Hamicio	de .	Undeterm	uned mor	nner .			
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A HOUSE		ACTUAL SIGNATURE_	11/1	1	WY	_		M.E	Assis	stant	MEDICA	L EXAMI	NER	DATE	D_ 1/16	5/86
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PAFTER PERMALANITH THE ST BALTIMORE, MARYLAND; S	4	(TYPE OR PRIN	T)			on, M			DDRESS				Balto	o.MD.		
700 0 000	23a.B	URIAL, CREMAT	ION, REMOVAL	23b DAT	E	23c NA	ME OF CEM	ETERY OR	CREMATOR	RY	23d. LOCA	TION		COUP	NTY	STATE
0/ B4 BP		urial	10P	1-2	0-86		ll Sai		Los	_		Cast		10 T.D. 4 T. 12		ware
DHMH 17		UNERAL DIRECT			ADDRESS		050 Yo		1.	o. DATE RE	CD. BY RE	GISTRAR	ZSB REG	LIKAR	CNATURE	D. 33
(VR A15 ME (5))	Rı	ick Tows	on Funer	ral	Home, I	nc.To	owson,	Md.21	.204	JA	1 2 Z	1200		T TOTAL	See - North	HOLDEL O

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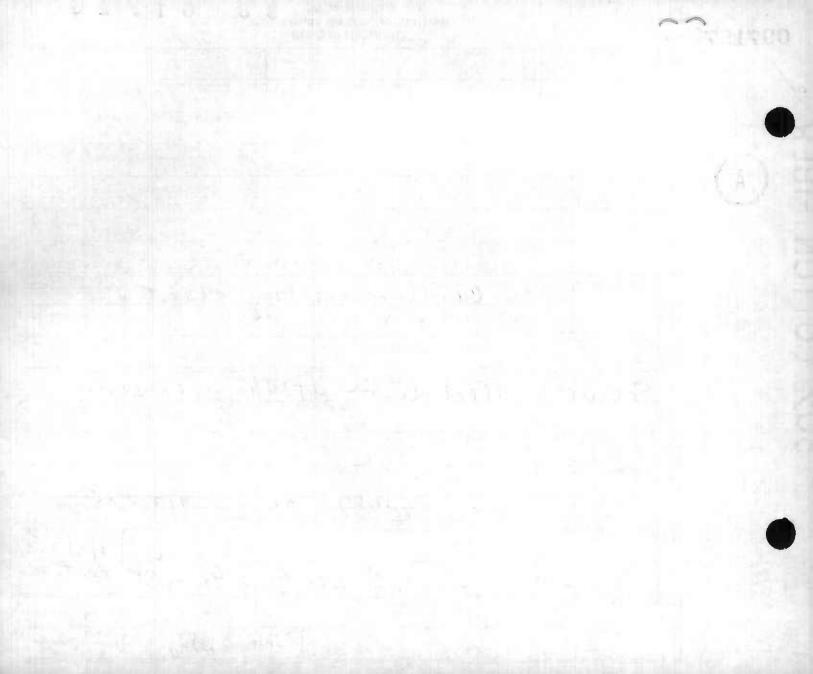
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.				
1	1. DEC	CEASED NAME FIRST		WIDDLE		AST	2a. DA	TE OF DEATH MON	HTH	DAY YEAR	26 HOUR	
1	(117E	CHARI	LES	D.	WIL	MER		1		1 86	M	
	3. SE>	(4 RACE		5. DATE C		100	(IN YEARS LAST BIRTHDA	(Y)	MONTHS DAYS	IF UNDER 24 HRS	
		M	В		4	1 0 30		55	YRS	MONTHS DATS	HOURS MIN.	
1	N BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BAL	TIMORE CITY OR C		Y OF DEATH		
7	N	MARYLAND	U.S.	Α.	WIDOWE	3.7		LTIMORE,	C	ITY	MD.	
	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION		SUAL OCCUPATION		126. KIND C	F BUSINESS OR	
-		BALTIMORE	130 A		H STR	EET APT.	7G	N/A	ORKING (II	FE) INDUSTRY		
5	13a S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU MARYLAND	ROTHER INSTITUTION NTY	BALTIMO	WN	13d Insidecity Limit yes 🖔 no 🗌		REET ADDRESS / ZII			T 21202	
		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS	1	
4	(CLIFTON	R.	WILMER		MARIE		Milott	(CORNIS		
T	16a W	VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	100	ADDRESS		MD. 2	1657	
1	Y	(IF YES, GI	VE WAR OR DATES	220-28	8-038	CATHER	INE H	AWKINS E	BOX	78A QU	EEN ANNE	
f		18 CAUSE OF DEATH Enter o	nly one couse per	line for (o), (b) p	ind ic		,				MATE INTERVAL ONSET AND DEATH	
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cardio respiratory direct											
1		DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if ony, which (b)										
1		gove rise to immediate couse (a), stating the)			HW HV		THE STATE OF				
		underlying couse lost.	00000	R AS A CONSEQU	UENCE OF							
1	74	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE	TERMINAL D	ISEASE OR CONDITIE	ON GIV	VEN IN PART 110	9	
1	N O	Seizures	. al	anha	lin	m. HT	Nh	Lorati	w	un	1	
1	ATI	196 DATE OF OPERATION	THE COND	TION FOR WHICH	H OPERATIO	N.WAS PERFORMED	20s.			S. WERE FINDIN		
1	FIE						111	NOT IN		PYING CAUSES	NO [7]	
7	CERTIFICATION	21a ACCIDENT WAS UNDERLYING				21c HOW INJURY OC	CURRED (E	HTER WATURE OF INJURY IN		- American Company		
4		OR CONTRIBUTING CAUSE OF DE	AIH	м. монтн (м.	DAY YEAR							
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION						
1	WE	WHILE NOT WHILE AT WORK	I AT HOME STI	REET, FACTORY OFFICE	FARM ETC }	STREET		CITY OR TOWN		COUNTY	STATE	
		22a I certify that (I) (this hosp	ital) attended #h	e deceosed from		19 19	12 , 10	91	7	19 8	that (I) (we) lost	
1		sou the deceased alive or above, (I) well (did niglid no	ti view the body	ofter death	45, or	nd that in (my) (our) opi	inion deoth o	ccurred an the date of	and hou	ir and from the	couses stated	
1		276 FIGNATURE	1	N.		DEGREE	-			22c DAJE	SIGNED	
1		1 Statue	40 Jul /			ATTENDIN PHYSICIA		ICAL STAFF		1/3	3/85	
		RAY NO NE	JA	SMEG	OJR	1000	Eur	Enery	51	+ Ba	tt M	
1	23a B	URIAL, CREMATION, REMOVAL	. 236. DATE			EMETERY OR CREMATO		LOCATION		COUNTY		
1	B	URIAL	1-4-8	6	MOUNT	r zion		LANSDOWN	E	MA	ARYLAND	
		INERAL DIRECTOR		ADDRESS		25a	DATE RECE	BY REGISTRAR 256	REG IS1	TRAR'S SIGNAT	URE URENCLE WE	
	T.	THE CONTRACT TO	/TTTNO	1 1 0 1 E	MODE	יונד א זות	AUIA	.0 900	more	- אפסטורושיי	Musharita	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) RAYMOND R. WILMOUTH 1-10-1986 10:50 AM 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX White Male TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Virginia Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Baltimore Church Hospital Md. Drydock 136. COUNTY Maryland Baltimore Ave. 21224 Danville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Samuel Wilmouth Edna Clements 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? yes no or unknown 231-18-3680 Elsie Wilmouth 6421 Danville Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. SUDDEN DEATH IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CARDIOPULMONARY ARREST Conditions, if ony, which gave rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause ASCVD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION PNEUMONIA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE the discontinuous $\frac{1-10}{10}$ and that in (my) ppinian death occurred on the date and havi and from the causes stated 226 SIGNATUE ATTENDING CHURCH HOSPITAL CORP. ATAOLIAH F. NAZEMI 100 N. BROADWAY BALTIMORE. 23a BURIAL CREMATION, REMOVAL (SPECIFY) Baltimore, Oak Lawn Cemetery Buria 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Confielly Funeral Home of Dundalk

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) seora & 20 IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY IF UNDER 24 HRS MONTH YEAR 11 1903 ale hite 4 82 I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** 7a. BIRTHPLACE MARRIED NEVER MARRIED COUNTRY Pennsylvania U.S.A. WIDOWEDXX DIVORCED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF (AF NOT IN SUCH FACILITY, GIVE STREET ADDRE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR' Steel Worker Beth Steel SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 131 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE INSIDE CITY LIMITS? NO X 2903 Ritchie Avenue Baltimore Edgemere 21219 Maryland 4 FATHER'S NAME S. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST William Wilson Hannah Jane Pearson ADDRESS 7 Pinelea Court 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! 213-07-8777 Balto., MD. Harry W. Wilson, Sr. 21208 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY would IMMEDIATE CAUSE (o A CONSEQUENCE OF no 2 this Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES F NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURAL IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE AL WORK 20 4-6 22a I certify that (1) (this haspital) attended the deceased from 1/23 19 56 saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) did not view the body after death, 226 SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

(VRA 15, 4)

DIRECT

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£ 0

(SPECIFY)

FUNERAL I

DHMH - 16 60M 7/84

Burial 1/27/1986 24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue

Dundalk, Maryland

Moreland Memorial

21222

CITY OF TOWN Baltimore

COUNTY Maryland

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - marinos - No

024083	1 -	FOR STATE REGISTRAR			1 4	2 0								
hoy be		CEASED NAME FIR			M.	WI	LSON SF	₹.	2a. DATE OF D	EATH MONTH	17 8	6 26 HOUR		
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TENDOR OF USE OF		22a I certify that (I) (this saw the deceased of above, (I) (we) (did) (ve on	1/3/	186		3/3-4 and that in (my)		to death occurred	on the date and I	hour and from	, that (It (we) last the causes stated		
HOSPITAL OR AT med by the hosp med by the hosp with the betterched for the State Dept of the State Dept of NTANI: if hem 3		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. DATE SIGN 221. PHYSICIAN'S NAME (179E OR PRINT) 222. ADDRESS												
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stati	23n B	Marc , URIAL, CREMATION, REM	D_ S	O/CO/C	Sal, V	AP.	333 CEMETERY OR C	5t. fa	123d LOCAT	ace A	la lto.	2/202		
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	S NECESSAR' NEAR FUNERAL DIRECTOR E S FOR YOUR HILE D, WITHIN 7 HOUR W, PRESTON STREET		Mary La		76 CI	TIZEN OF WH	AT COUN	ITRY?	8 MARRI WIDOW		VER MARRIE	ED A		imore	_	NTY OF DEATH						
	PAGE 5		TY OR TOWN	ore	(IF	AME OF HOSE NOT IN SUCH FACE 200 Blk	ILITY, GIVES	30th	Stree			FOR MO	AL OCCUP	ATION (TYPI	E OF WORK	126 KIND OF BUSINESS OR INDUSTRY						
.21201	IS AFTER DEATH. IF ANY DELAY IS GIVE PAGES 1, 2, AND 31O THE FORM PM 3. RETAIN PAGE PAGES 1 AND 2 SHOULD BEFLIED INISION OF VITAL RECORDS, 2014	130 S	irylan			INSTITUTION, GIV	13c. CITY	OR TOWN 1timo		13d. INSIDE (NO 🗆	13. STREI	et addres		bard	rd St. 21231						
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¥.	RS /			F DEATH (Enter o	nly one o	ouse per line			400	MCOT	.cy w.	110	242	9 001	CIWali	APPROXIMATE	INTERVAL					
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Į.	SHOUR WORD "	F	G-103:					YES X NO														
DIVISION OF VITAL RECORDS,	O THE WOOD BE ARIMENT HOURD BE ARIMENT HOURD BE ARIMENT HORE TO BE	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 1/1 1086 Ingested phenobarbital									PART OR PART							
S	SHOOT SHOT SH	1 2	21d. INJURY C	NG CAUSE OF	DEATH	P.M. 21e PLACE O	FINILIRY	1986		ATION	ea bue	enoba	IDICa	1. 1.								
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	TO MEDICAL EXAMINE EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEAU DIRECT AFTER DEATH, WITH BALTIMORE, MARYL		EXAMINER'S (TYPE OR PRIN		Thon	nas D.	Smit	h, M.D		ADDRESS_	111	Penn	St.	Balto	o.MD.							
	PAGE A	23o.B	URIAL, CREMAT	ION, REMOVAL	236. DAT	Έ	23c. 1	NAME OF CEA			ORY	23d. LOC	ATION		COUNT	v	ATE					
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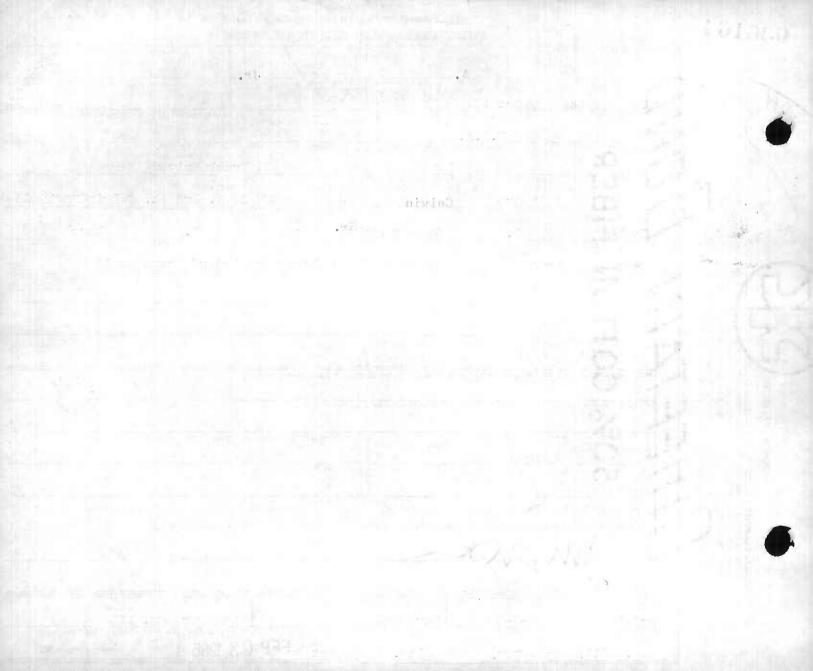
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		CEASED NAME	FIRST	WIDDLE		LAST		2a DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR		
y be		WOL	F_ ;			MARY	E.	JAN. 8	1986		4:25AM		
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ly filled in the should be fi	130	AL RESIDENCE (IF NURSING STATE ITS MD	HOME OR OTHER I	13c. CITY	Y OR TOWN	13d. INSID	E CITY LIMITS? NO R'S MAIDEN NA	13e.STREET ADDRESS 505 Cedel	/ ZIP CODE				
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medio de			IF YES, GIVE WAR O	OR DATES)	-28-9462		ard A W	Jolf, 5505	Codella	Δνο			
D Section 1		IS CAUSE OF DEATH PART I. DEATH WAS	Enter only one S CAUSED BY:	cause per line for t		Balto		21206	Jede III	APPROXIM BETWEEN O	2 m/s.		
ad Er An dega		Conditions, if ony, or gove rise to imme cause 101, stoting underlying cause	which diote the lost	(b) OUE TO, OR AS A C	<i>fostay</i> Onsequence	OF		LL Ca (K	dry,) 6 7	ntts		
1	CERTIFICATION	19a DATE OF OPERATIO		%. CONDITION FO			20a AUTOPSY?	20b. IF YES,	S, WERE FINDINGS USED FYING CAUSES OF DEATH?				
231	E						YES NO	NO					
Galfron del fiya		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	Ib. TIME OF INJURY HOUR A.M. MC P.M.			INJURY OCCUP	RRED (ENTER NATURE OF IN	IURY IN ITEM 18 PAR	TTOR PART 2)			
and by the state of the state o	MEDICAL	214 INJURY OCCURRE		THE PLACE OF INJUITAL HOME STREET, FACTO		211 LOCA	TIÓN	CITY OR	OWN	COUNTY	STATE		
for use of Health		220.1 certify that (to sow the deceased above. (1) (we) (dia	olive on	the body after dec	19.86	, and that in	7 (our) opinion	death occurred on the	date and hour		that (1) (we) last couses stated		
the bour		226 SIGNATURE	lmar			DEGREE	GREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/8/86.						
should be det with the State		AB IL	P.	IMAN	1		JOHNS HO	OLF ST OPKINS HOSP	/				
)		BURIAL, CREMATION, RE		-10-86		OF CEMETERY C		Ballostown		COUNTBalt	to., st 1MD		
H - 16 50M 4/B3	24 F	UNERAL DIRECTOR Ohn C. Mille	er, Inc	., 6415 1	Bekair R	d. 2120	5 25 44	TE RECID BY REGISTRA	R 25b. REGISTR	AR'S SIGNALL	RE		



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A TRANS		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PARTIDEATH WAS CAUSED BY: Closed head injury with complications														BETWEEN ONSET AND DEATH					
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(VR A15 ME (5))		Leonard	J.	Ruck	,_Ir	nc.	530	5 Ha	rford	Rd Rd	. 2	1214	FEB	03	1986	- French	ia Dav	T TUSON	- No	marie	-



45	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	0 1	1	3	Ş	
1		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DE	ATH MONTH	DAY	YEAR	25. HOUR 20	
		EMM		Mood		01	04	86	Y AN	
	3 SEX	FEMALE	1 RACE WHITE		6. AGE INYEARS	LAST BIRTHDAY) YRS	MONTHS	DAYS	IF UNDER 24 HRS	
		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	USA	MARRIED NEVER MARRI	ED 🔟	inore (ATH	ME	
10]	TY OR TOWN OF DEATH Baltimore	North Charl	es Gen. Hosp,	ON 12a USUAL OCC		12b.	KIND O USTRY	F BUSINESS OR	
	la.s Vai	ryland 136 cou	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 130 CITY OR TO Baltim	ore 13d. INSIDE CITY LIV	□ 1215 Ba	RESS / ZIP COI			21230 lto.Md	
50	9	THER'S NAME WILLIAM	Moon Moon		Mary "	DOLE	An	tho	ny	
negico		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 146, SOCIAL SEC GIVE WAR OR DATES) 213-24	17 INFORMANT 6144 7 Mrs.	Lyn Moon,	address Same as			MATE INTERVAL	
		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) ACUTE MYOCARDIAL JNFARETION								
order froumond		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE RESERVE OF THE R	STIVE HEART WENCE OF GASTRO- TATE	STINAL B	LEED				
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OF	CONDITION G	ZUTO	ART III	EART	
2	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED		IN CERT	ES, WERE TIFYING (YES [OF DEATH?	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH P.M.	DAY YEAR 19	OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18	B PART I OR	PART 2)		
	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		CII	Y OR TOWN	CO	UNTY	STATE	
Z 1 15 mg		22a 1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n	pital) attended the deceased from	86 and that in (my) (aur)	apinion death occurred an	the date and he	. 17		hat (I) (we) last auses stated	
T. H Tea		22b. SIGNATURE	Estati	DEGREE ATTENI PHYSIC		STAFF PHYSICIAN 💍	22	DATES	4-86	
MA CKIAN	ij	22d PHYSICIAN'S NAME (TYPE		27e ADDRESS NURTH	CHARLES	GEN	. H	0051	PITAL	
2		URIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OF CREMA			COUNT		zland	

Balto.Md.21230 Funeral Home, 130 E. Fort Ave.

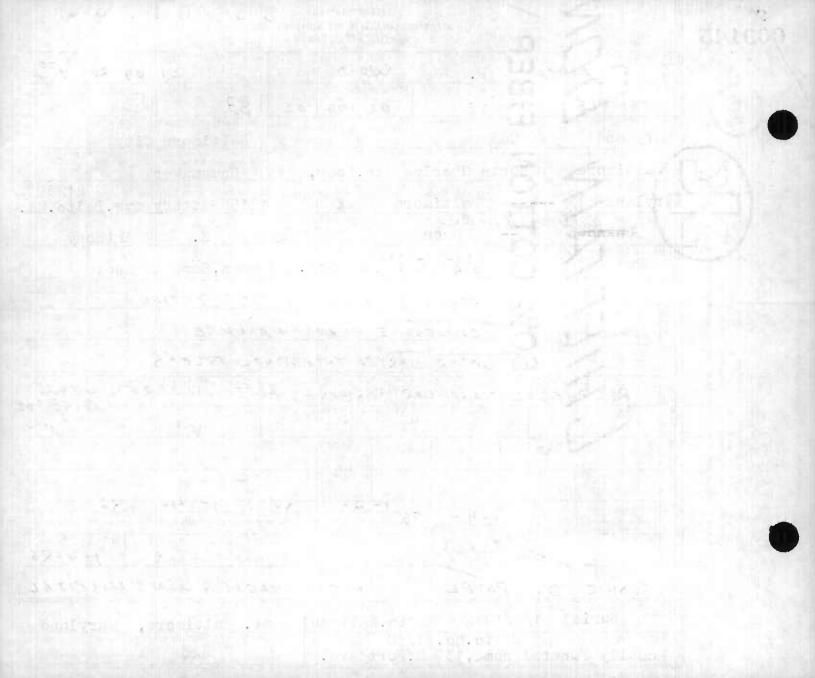
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250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



Redter Sabrows d - 1500 Dundaln ave. 21224

baltamore . Charles Ceneral

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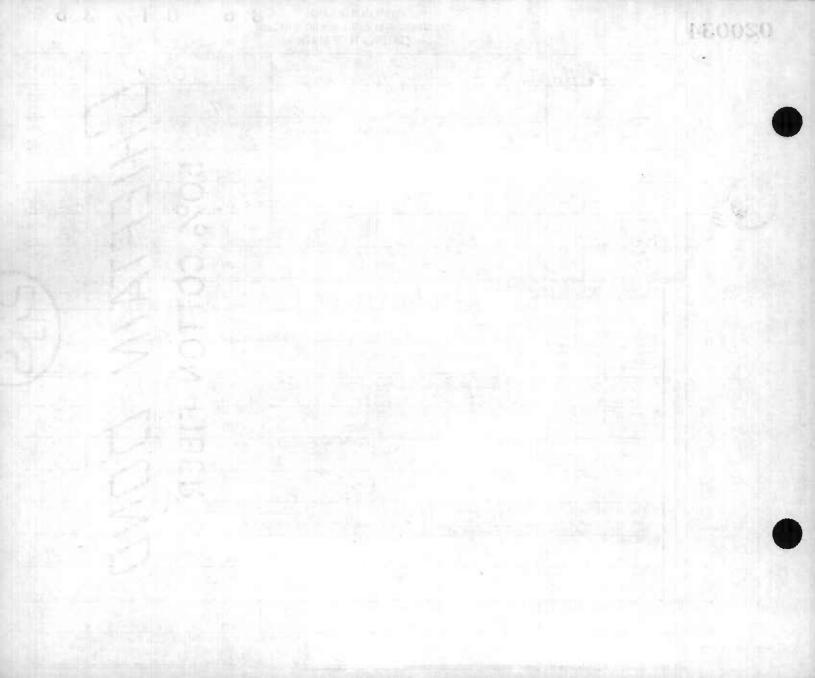
STATE OF MAKTLAND	8
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

160	REGISTRAR		CERTIF	ICATE OF DEA	AIN	REG. NO.		
	ECEASED NAME FIRST	WIDDIE	l.	AST	IIIC.	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1111	WILLIAD	G.	w	MEIDUU	Sr	1/0	186	512 PM
3. 51		RACE	5. DATE C	F BIRTH	J	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	male	Black	MONTH	DAY	28	57	MONTHS DAYS	HOURS MIN.
-70 E		L CITIZEN OF WHAT COUNT	TRY? 8			9 BALTIMORE CITY OR COU		
	COUNTRY	USA	WIDOWE	DIVO		Ba Himore	City	MD.
10 0	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU		R OTHER INSTITU	NOIT	120 USUAL OCCUPATION		OF BUSINESS OR
1	Battimore	Bon Sec	our		Talk	Laborer	Southe	12 1
1)5U 13a	JAL RESIDENCE (IF NURSING HOME OF O STATE 136 COUNT			13d INSIDE CITY	LIMITS?	13e STREET ADDRESS / ZIP C	CODE	
1	md -		more	YES N			s St.	21223
14 F	ATHER'S NAME	IDDLE LAST		15. MOTHER'S M		WE		SI
	William +	4. Woode	n	1	erine		Bosi	11
	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	1003	ADDRESS		- · · · · · · · · · · · · · · · · · · ·
	ULS	212-2	6-3061	arline	Woo	oden 2163	Hollins	54.
	18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b	, and ich				APPRO	XIMATE INTERVAL
	PART I. DEATH WAS CAUSED	CAUSE (a) CANOL	PULI	TONAN	4 A	manist		
		DUE TO, OR AS A CONSE				SEVEN IN		
	Canditions, if ony, which	(b) HAPA	TIL	FAIL	MIR			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE						
	underlying couse last.	DUE TO, OR AS A CONSE	EQUENCE OF				700	
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	(0)
NO.			1000					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORM	ED		FYES, WERE FIND	
Ę		ATT STATE OF				YES NO	ERTIFYING CAUSE	NO []
1 8	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	DAM MEAR	21c HOW INJU	RY OCCURR	RED LENTER HATURE OF INJURY IN ITER	A 18 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	JR 53				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			COUNTY	
X	WHILE AT WORK AT WORK	(AT HOME STREET, FACTORY, OF	FICE FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this haspita	attended the deceased fro	om 12/	13	10.85	10 1/9	19.86	that (I) Nast
	sow the deceased plive on_	1/8		d that in (my)	Tapinian d	death occurred on the date and	haur and fram the	
	SINNATURE	view the body ofter death.		DEGREE	•		22c DAT	ESIGNED
	We Shan	-		ATT	ENDING	MEDICAL STAFF	11/	10/14
+	THYSICIAN'S NAME THE OR	MINE)		22e ADDRESS	SICIAN	DIRECTOR PHYSICIAN		0/80
	THE SIM	4 43 14 4		2000	MAP (THANK RO	(NOTH	WM DD
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23, NAME OF C	EMETERY OR CRE		23d LOCATION		1,110
230.	(Specify) Burial			Forest		CITY OR TOWN	COUNTY	STATE
74.1	FUNERAL DIRECTOR	11/14/00	darr 1501	rorest	7250 DATE	Owings Mil	ASIBARSAISMA	JURB's and a last
	NAME	Wast 4200 Wal	ess back Back			AN 1 3 1986	THE PLEASE CENT	Confest Street
	Wm C March F/H V	West 4300 Wal	Dash AVE	enue	1			

DHMH - 16 60M 7/B4 (VRA 15, 4)

WILLIAM G. WOODORN'S 1/ 5/86 SING CAMOU PULTONAMY ARECURS HAPPATIL FAILURE 115/01/20 STREAM THAT RE LIMITURATED

020034	1.	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 6 0	1736
2	1. DE	CEASED NAME FIR	RST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be page 3 ter death		OF PRINT	HANNAH	B.	Woody	01	-15-86 5:30 A
a bo	3. SE		4 RACE	,	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		F	BIA	ZK	MONTH DAY YEAR	87	MONTHS DAYS HOURS MIN.
Page .		RTHPLACE (STATE OR FOREK	GN 76 CITIZEN OF	F WHAT COUNTRY?	8. 7	9 BALTIMORE CITY OR CO	
1 11 1/	1	S.C.	us	SA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIN	nore city MD.
34	10 CI	ALTIMOI		HOSPITAL, NURSIN	GHOME OR OTHER INSTITUTION ADDRESS) OURS HOSPIT	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
(M B5		AL RESIDENCE (IF NURSING H	COUNTY	13c CITY OR TOW	ADMISSION) 13d INSIDE CITY LIMITS? 1 maps yes no	13e.STREET ADDRESS / ZIP	CODE 2/2/2
	14. F.A	THER'S NAME		1-)11111	15 MOTHER'S MAIDEN NA	IME IN THE	· JONES FIFT
1120	1	Barrett	MIDDLE	Reynol	ds lula	AIDDLE	Petti Ford
Pages		VAS DECEASED EVER IN U	YES, GIVE WAR OR DATES)	218-0	1-9736 7 10.	address and another	Steet Chast
hot the death certificate by the attending physici ase remave carbonopaper I, cremotion, ar removal. other troumatic event, th		Conditions, if any, wh gove rise to immedia cause (a), stating	CAUSED BY. MEDIATE CAUSE (0) DUE TO. (iich (b) ote	OR AS A DONSEROUS	de ventrail	ar arrifle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the law requires that the law requires that has been signed at permit. Then pleatene prior to buring a may injury, and the laws any injury, and the laws and injury.	CERTIFICATION	PART 2 OTHER SIGNIFIC	me Hu	ut da	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	N GIVEN IN PART TO
physical phy		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	110110	OF INJURY A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	m 18 PART 1 OR PART 2)
SICIA ng p certif certif iento	S	(IF EITHER NOTIFY MEDICALE)	XAMINER)	P.M.	19		
PHY this he bu	MEDICAL	21d INJURY OCCURRED		E OF INJURY STREET, FACTORY OFFICE F	ARM, ETC.) 21f LOCATION STREET	сти октоум	STATE STATE
NG offer as the arke	30	AT WORK		,	1/20 0=	- //15	- 01
NOI OF		22a. I certify that (I) (this			-1	, to	that (I) (we) last
Spite CTO I for of h	-	sow the deceased of obove, (I) (we) (did))	(did not) view the by	v ofter death.	ond that in (my) (our) opinion	death accurred on the date on	d hour and from the causes stated
Al OR A the ha Al DIRE detached detached ste Dept		22b. SIGNATURE	Bel	Am	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [221 DATE SIGNED
CO HOSPIT, etoined by TO FUNER, should be d with the Sto		22d PHYSICIAN'S NAME	A. BE	ITRA	All mappress w.	BALT, ST, BA	170,40 J 2/22
BP		Burial, CREMATION, REM Burial	1/18/2		1. Nat. Mem. Pk.	Laurel. Md	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		DINERAL DIRECTOR	.H. WEST			TE REC'D. BY REGISTRAR 256. RI	



1/13/86

Anatomy Board

INDUSTRY 13e STREET ADDRESS / ZIP CODE 306 W. Franklin St. 21201 Danken APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEFHS 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE (our) opinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CITY OR TOWN COUNTY STATE 250 DATE REC D BY REGISTRARIZSD, REGISTRAR'S SIGNATURE ADDRESS. Balto., Md.

2b HOUR

126 KIND OF BUSINESS OR

IF LINDED 21 HOS

IF LINDER LYEAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15. 4)

Removal

24 FUNERAL DIRECTOR

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIÈNE O REG I	0	1 / 3	ð
DLE	LAST	20 DATE OF DEATH	MONTH 1	DAY YEAR	26 HOUR
one	TIL	1	23/	86	9124 1
S 11 8	5. DATE OF BIRTH	6. AGE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MONTH DAY YEAR 1/		31	MONTHS DAYS	HOURS MIN.

	1-	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG NO) / 3 8	
		CEASED NAME FIRST OR PRINT) OUT ON	MIDDLE TO A RACE 15.0	LAST DATE OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 2.3 86 9124 HDAY) IF UNDER 1 YEAR IF UNDER 24	-
		M	8	12 DAY 1954	3	YRS MONTHS DAYS HOURS	AIN.
3	C	OUNTRY) Va	W J A I WIL	ARRIED NEVER MARRIED X	Baltimore City OI	ove City	M
1	B	altimore.	11. NAME OF HOSPITAL, NURSING HO	t Key	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF) OR
	13a S	Md 136 COUN	other institution give residence before admistry 13c CITY OR TOWN 13a Itim ore	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE / Rd 2/21	6
0		Govan	Worrell,	Jr J. MOTHER'S MAIDEN NAM	MIDDLE	Dennis	
		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY WAR OR DATES! 214-68-38	14 Vivian Wor	rell 4224	+ Bonner Rd	
		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) of BY: E CAUSE (a)	Frest		APPROXIMATE INTERVA	ATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	N se N			
	NOI	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u>	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	NTION GIVEN IN PART TIO	
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	?
1	20.0	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	in the second se	YEAR 19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM E		CITY OR TOW	VN COUNTY STAT	E
		22a I certify that (I) (this haspite sow the deceased alive on _ above, (I) (wg1(did))(did not	ol) attended the deceased from 12-3 19 8 6	, and that in (my) (our) opinion o		te and hour and Iram the couses state	

DEGREE The DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 86 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFE) Randallstown 23c NAME OF CEMETERY OR CREMATORY 236. DAJE COUNTY STATE emorial

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 029026 LAST 20 DATE OF DEATH MONTH 2b. HOUR DECEASED NAME FIRST TYPE OR PRINT JANUARY 24, 1986 3:50 CLARENCE WRIGHT TVAN IF UNDER 24 HRS 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4. RACE MONTH YEAR DAY **ELACK** 06 MALE To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED GEORGIA USA BALTIMORE CITY WIDOWED X DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH **JNDUSTRY** JOHNS"HOPKINS"HOSPITAL ERCHANT SERMA BALTIMORE WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? BATTIMORE YES T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST UNKNOWN UNKNOWN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 257-14-2821 CHARLES STRAWBERRY 1612 HEATHFIELD NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I, DEATH WAS CAUSED BY: 5-10 high IMMEDIATE CAUSE (0). DUF TO OR AS A CONSEQUENCE OF 6 HOVES PULMONARY EMBOLUS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 220.1 certify that (12this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT old be o 22d. PHYSICIAN'S NAME LITYPE OR PRINTI 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIEY) CITY OF TOWN COUNTY BURIAL 28/86 RALTIMORE MEMORIAL. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) MARCH FUNERAL HOME 1101 E. NorthAve

U

uneral director, p

injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at removal.

MPORTANT: If them 21 is marked or them 8 shows any injury, or other traumatic event, the medica

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

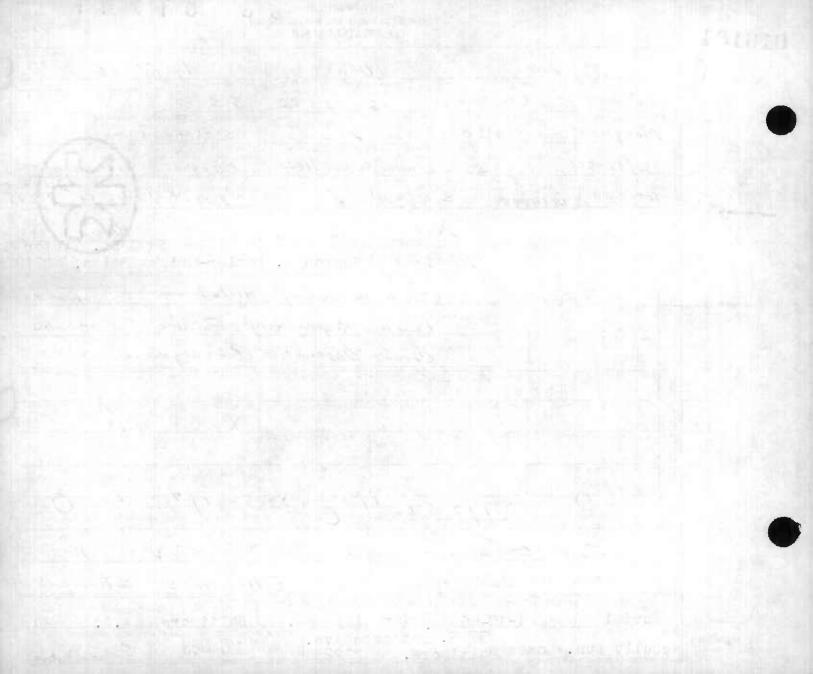
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENE

I	1 -	STATE REGISTRAR				CERTIF	ICATE OF D	EATH	RE	G. NO.		
1		CEASED NAME	FIRST	A	MIDDLE	· ·	AST		2a. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
	1111	OK PRINTY	LEVERN	ΙE	1	WRIGHT			Jnauary	30, 1	986	2:15P M
3	. SEX	(4. RACE		5. DATE C		MEAN	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ı		Male		B1	lack	5 MONTH	29	Z6	57	YRS		MIN.
7	a. BII	RTHPLACE (STATE OR	FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8 AAA DRIEI	NEVER A	AAPPIED T	9. BALTIMORE CI			
1		orth Carol	ina	U.S./	Α.	WIDOWE		ORCED [BALTIMOR	E CITY		MD
1	0. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCCU			F BUSINESS OR
\$		BALTIMORE	4 10	VA MEDI	ICAL CENT	ER BA	LTIMORE		Labore			Steel
C		AL RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION,			13d INSIDE C		13e.STREET ADDR	ESS / ZIP CO	DE Stroot	21213
+		aryland THER'S NAME			Baltimo	ле	YES (MAIDEN NAM		UTIVE	i street	, 21213
		John	٨	NIDDLE	Wright			inie	MIDI	330	Gibs	on
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMA			DDRESS		
L	, ,	YES NO OR UNKNOWN)	(11.153, 01.15	TAK ON DATES!	250 30	7166	Rodne	y Wrigh	t 939 N.	Strick	er Stree	t
		18 CAUSE OF DEA	TH Enter onl	y one cause per	line for (a), (b), an	nd (c)	3.70				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
I		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DIJE TO OR AS A CONSEQUENCE OF										
ı	-											
L												
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1		underlying cous	e last.	(Ic)_	Cimbons							
I	z	PART 2. OTHER SIG				1.	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION G	EIVEN IN PART 110)
1	ATIC	190 DATE OF OPERA	TRUN S	4.4	Intarc ITION FOR WHICH		N WAS PERFO	PAAED	20g AUTOPSY?	20h IF Y	YES, WERE FINDIN	JCS HSED
1	CERTIFICATION	IN DATE OF OTERS	(11011	178 CONO	THORVEOR WITHER	OLKATIO	IN WASTERIO	KMEU	YES NO!	IN CERT	TIFYING CAUSES	OF DEATH?
1	CER	210 ACCIDENT WAS UN		216. TIME O		AV VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM I	8 PART 1 OR PART 2)	
ı	A	OR CONTRIBUTING		H HOUR A.	M. MONTH D.	AY YEAR	100					
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATIO	N	City	OR TOWN	COUNTY	STATE
ı	Σ	AT WORK AT WO	THILE DRK	(ATHOME, SIR	EET, FACTORY, OFFICE, 1	FARM, ETC)	SINEE			DK 1041.1		JIMIL
1		22a I certify that z	(this haspite	ol) attended the	e deceased from_	Janua	ry 13,	. 19_86	, to_Janu	ary 30	19.86	that 💥 (we) last
		saw the decease above, (1 X we) (sed alive an	Januar	otter death 19_	86 an	nd that in (55)	(aur) apinion o	death accurred on t	he date and h	our and from the	causes stated
ı		226. SIGNATURE	0				DEGREE				22c DATE	SIGNED
ı		Kurres	03	un	MO)		TTENDING HYSICIAN		STAFF YSICIAN D	1/3./	86
1		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRES					
		Russe	01	Brown					Raven Blv	d. Balı	timore M	D 21218
12	3a. 8	URIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR C		23d LOCATION	IN	COUNTY	AA -L STATE
-	4 = 1	BURIAL		2/4/8	Rp Mc	a. vet	eran C					Md. STATE
- 100		NERAL DIRECTOR	7	1101	ADDRESS		The same	25a DATE	FEB 03		ISTRAR'S SIGNATI	
	Mai	rch FUnera	al Home	es IIUI	East Nor	rth Av	enue		1 60 00	1986 7	and to do fulfic	" - Indian

Anna Land

016104	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	IENÉ DI	/ 4
OLOLOX		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
oge 3	(TYP)	May be	1/e	Wright	1 7	86 132 M
moy	3 SE	X	4. RACE	5 DATE OF BIRTH 23	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4		Female	(aucasion	6 13 DE	62 YRS.	MONTHS BATS HOURS MIN.
erol dir 72 hour	7á B	RTHPLACE (STATE OR FOREIGN COUNTRY) Mary Land	16 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	
(1) 43	10 C	Be/timore	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION HET ADDRESS) HIMBIE GENERAL HOSP,	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY Wholesale
13/82	130	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY ISE CITY OR TO	ORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	0 14
ed w winner ond 2 shinner	14 F/	ATHER'S NAME FIRST FIRST CONCLETE THE STATE OF THE ST	MIDDLE DOV	15. MOTHER'S MAIDEN NA FIRST Glady S		Phipps
on ond co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SERVE WAR OF DATES) 2/805		ADDRESS 3800 Fosler-Wright	0 000
rtificote physicic snpopers emovof.	1		inly one couse per line for (a), (b), ED BY: (TE CAUSE (o)	ardio pulmonary	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the death ce yy the ottending se remove carb cremotion, or r	1	Conditions, if ony, which gove rise to immediate couse o, stating the underlying couse lost	1	WENCE OF Respirato	/	minutes years
r requires the	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIV	
The low te hos be ssit perm giene pr	CERTIFICATION				YES NO NO YES	YNG CAUSES OF DEATH?
SiCIAN: T 19 physics certificate riol-transitem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE LIFEITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER PATURE OF INJURY IN ITEM 18 P.	ARI/1 DEPART 2)
dG PHYS offendir ter this is the bu h and M.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDING OF TOTAL AF		sow the deceased olive at	nitol) ottended the deceased from		deoth occurred on the date and hour	ond from the couses stated
Y the hose AL DIRECTOR Additional DIRECTOR TO THE DEPT. If them.		27h SIGNATURE	Mamont	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
O HOSPITAL etoined by the TO FUNERAL should be det with the Store MPORTANT.		22d PHYSICIAN'S NAME ITYPE	Lamont.	22e ADDRESS MD 300/ 5.	Hanover St	Rollinge MO 21
BP		surial, cremation, removal Specify) Burial		NAME OF CEMETERY OF CREMATORY edar Hill Cem.	23d LOCATION CITYORTOWN Baltimore	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director Cully Fun. H	omes Baltimor		AN 13 1986	RAR'S SIGNATURE



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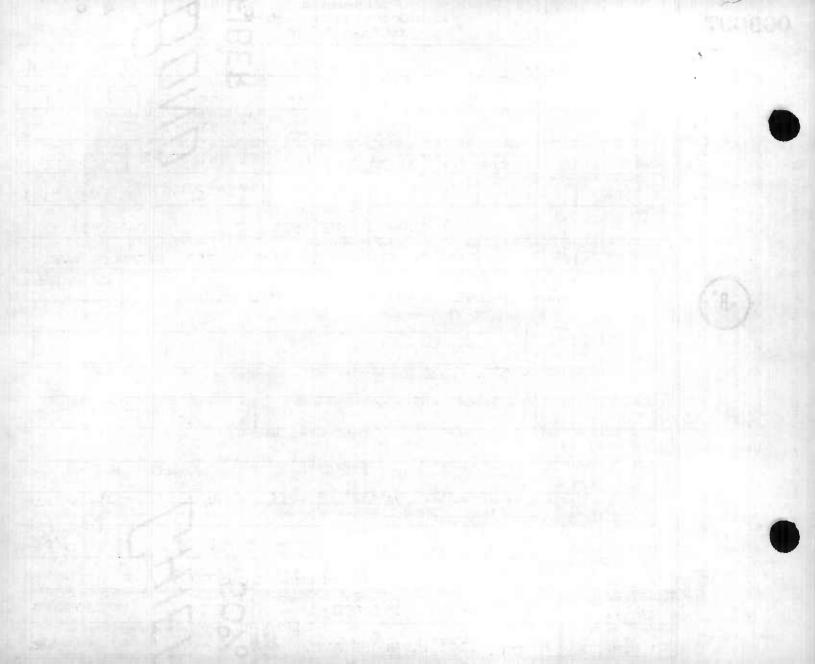
grandwinest aware I com It 100 Did anstern Ave. I may be in the interest

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021107	1-	STATE REGISTRAR		MED	ICAL EXAMINE	R'S CERTIFIC	ATE OF DEA	TH REG.	NO.		
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IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS I W PRESTON STREET.	FO	RTHPLACE (STATE O REIGN COUNTRY) altimore,		ind U.S.		MARRIED NEVE	ER MARRIED 🛣	Baltimore		DEATH	MD
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE PAGE 4 SHOULD BE CORN TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND 2		220. I certify the death resulted from ACTUAL SIGNATURE	om: Natural	couses [X].	hell	de , Homicid TITLE (SPE	ECIFY)	ermined monner	DATE SIGNED 1.		5
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STATE OF MARYLAND

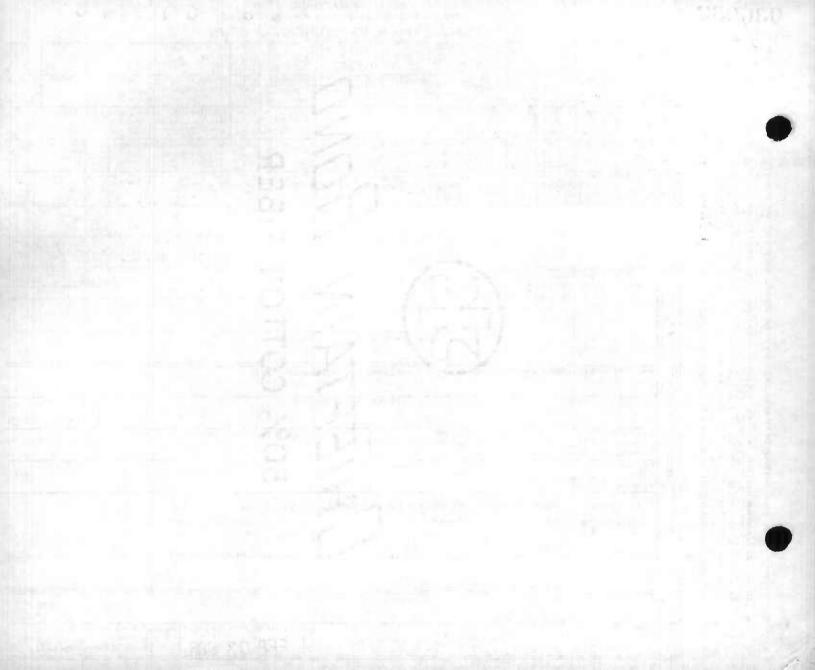


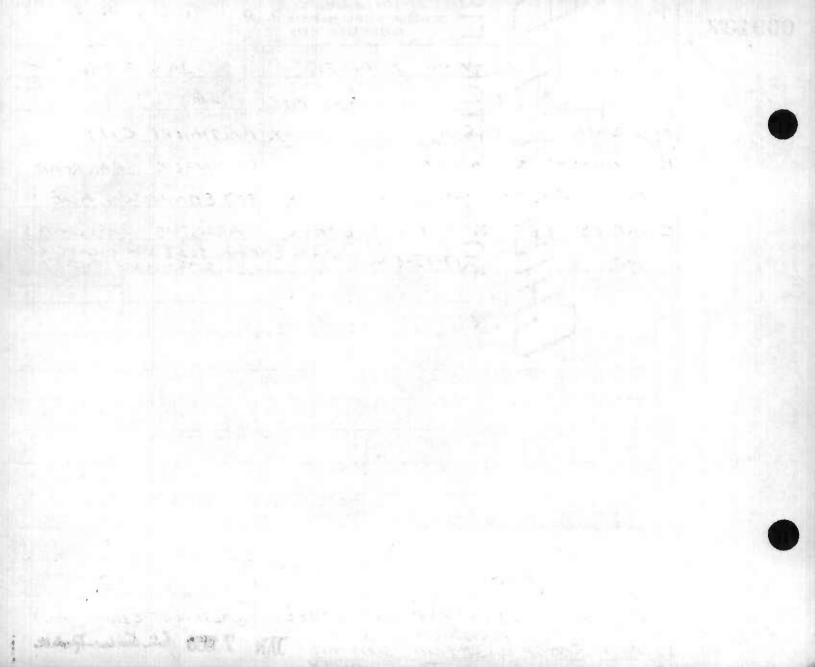
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7. BALTIMORE CITY OR COUNTY OF DEATH	
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USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	17.1
136 STATE 136 COUNTY 134 CTY OR TOWN 136 CITY LIMITS? 136 STREED ADDRESS / ZIP CODE	21219
15. MOTHER'S MAIDEN NAME	
LUTHER YARBOUGH MALINDA MALBORY	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
NO NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 213-07-4458 BESSIE YARBOUR 2538 SYCAMORE AVI	Ξ.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) cardiopulmonary, arest	
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gove rise to immediate	
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216 PLACE OF INJURY OCCURRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
SE THE SE	
270.1 certify that (I) (this haspital) attended the deceased from 12/23 19 85 to 01/4 19 86 that (I)	(we) lost
saw the deceased alive an	stated
TIL DATE SIGNATIVE	3-
O & O & O & O & O A ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	86.
PHYSICIAN DIRECTOR PHYSICIAN DIR	
Stanley D. Drake, 19 4940 Eastern Ave.	
138. BURIAL, CREMATION, REMOVAL 138. DATE 138. THE TOTAL THE TOTAL	
BP BURIAL 1-8-86 BALTIMORE BALTIMORE COMMARYLA	ND
74 FUNERAL DIRECTOR 756 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE	
(VRA 15, 4) WM. C. MARCH F/H TNC 1101 E. NORTH AVE.	Eath.



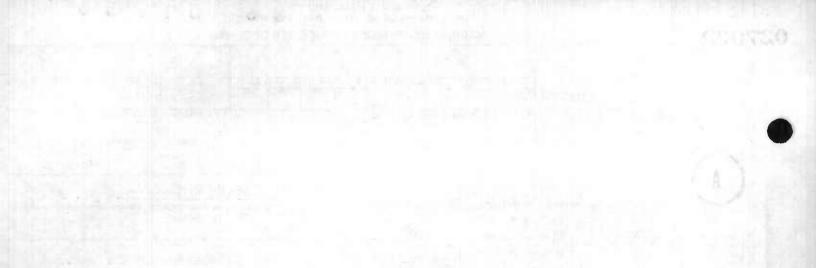
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m,	EATH PM, PM,	V	Tae		MINDEL			oon		MIDE	ALC.	Kim						
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	FER: THIS CER TATE, WRITIN FORWARDED OR: PAGE 3 S OR: PAGE 18 HE STATE DEF THE STATE DEF	5	1						[77]								MD	
	N S C D H	1	22a Certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner ,															
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE,	23a.Bl		ION, REMOVAL 23			IAME OF CEM				123d. LOC	ATION	200.					
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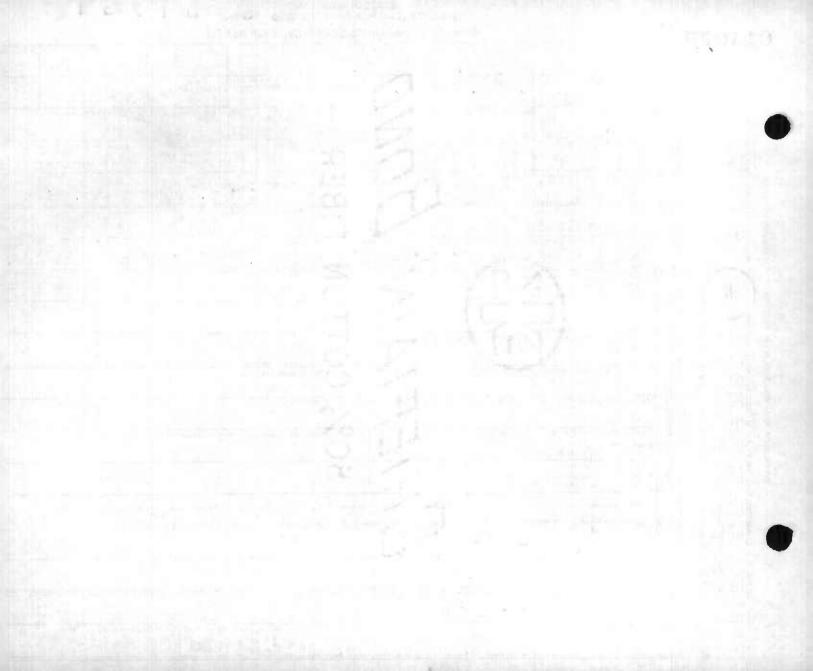


STATE OF MARYLAND FOR STATE IFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XT (TYPE OR PRINT) TO THE FUNERAL SING.

1 PAGE 5 FOR YOUR FILES.

BE FILED, WITHIN 72 HOURS

55.201 W. PRESTON STREET, C. YUSKA, SR. DEATH MATED **EDWARD** 3. SEX DATE OF BIRTH 24 HOUR IF UNDER 24 HRS DATE 12-7-14 LAST BIRTHDAY PRONOUNCED 2:12P White Male DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH n BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Penna. Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Carpenter Construction S. Augusta Avenue USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSION ISUAL IND 141 S. Augusta Ave. 21229 13b COUNTY Baltimore 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Unavailable Unavailable 17. INFORMANT ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 21228 (YES. NO. OR UNKNOWN) Yes Korea 182-16-6306 Daniel E. Yuska 12 Shady Nook Ave. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) AN CAUSED BY:
IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 218 PLACE OF INJURY (AT HOME 21d, INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE HOWN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide L Undetermined monner TITLE (SPECIFY) Assistant Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 1-10-86 Loudon Park Cemetery Baltimore City Burial 07/84 BP 25M 258. DATE REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** MacNabb Funeral Home. (VR A15 ME (5)) Catonsville, Md



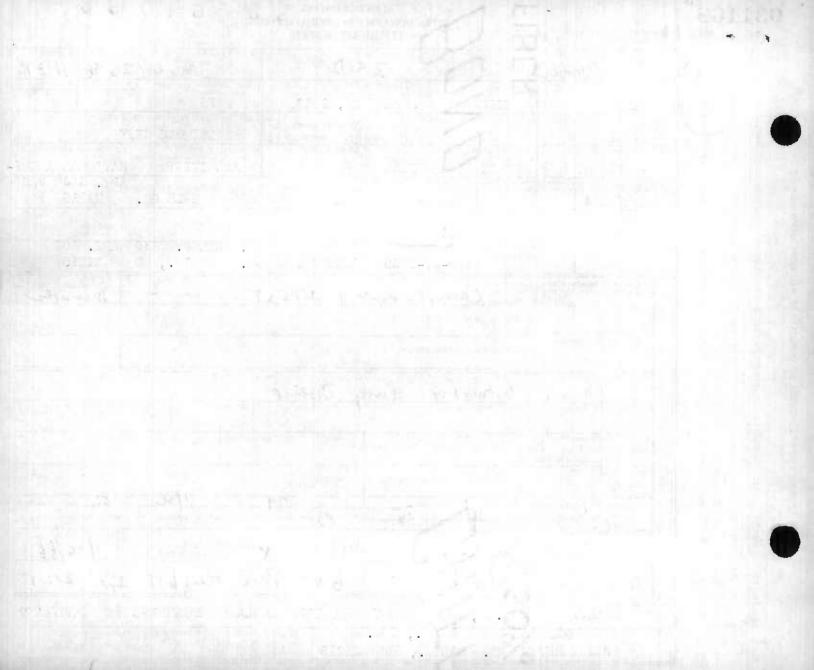
STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL	HYGIE
CERTIFICATE OF DEATH	

5

-		EASED NAME FIRST	ASED NAME FIRST MIDDLE LAST				REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
40	-	ANNA ZA	ACHARSKI			JANUARY	23, 19	86	7:45		
K	1. SE		4 RACE 5. DATE C		DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER 1 YEAR	IF UNDER 24 H		
14		Femile	White	July	15 1894	91	YRS				
2 61	7a. BI	RTHPLACE ESTATE OR FOREIGN COUNTRY MISSISSIPPI	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City of					
T Control		Baltimore.	11. NAME OF HOSPITAL, NURS CHURCH HOSPITAL CHURCH HOSPITAL	EE ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WAREN Shu	F WORKING LIFE	126. KIND OF INDUSTRY	BUSINESS		
1	130 S	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 136 CITY OR TO Baltim	NWC	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 613 S. Bet	ZIP CODE hel Str	eet 21	23/		
and 2 sh		THER'S NAME FIRST	MIDDLE Woicik		Susanna			LAST			
9		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRI	SS				
- 1	No		218-03-	5991	Dorothy Par	wtt 7587 9	ves Lan				
		PART I. DEATH WAS CAUSE			HEART FAILU	ਜ਼ਹਾ		BETWEEN O	NATE INTERVA		
Sales I		IMMEDIA	TE CAOSE (O)		HEART PALL	JKE					
ound Suma		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b) RESPIRATORY NK FAILURE									
l, cremat		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF							
ta buria njury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110			
ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO 🔀	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES C			
18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART	OR PART 2)			
Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19							
and N ked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE	E FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STAT		
eoith mar			ital) attended the deceased from JANUARY 239	JANUA	RY 21 19 81	6_, to JANUA	RY 230	856	nat (li (we		
of H,		sow the deceared alive on above (1) well did (did no	JANUARY 239	86	ed that in (my Couropinion	death occurred on the de	ate and have an	d from the co	ouses state		
- E		226. SIGNATURE UM	De motel	/ .	ATTENDING	MEDICAL STAI	FF. th	The DATE S	IGNED		
e Dep		224 PHYSICIAN'S NAME (MPE		7		RCH HOSPIT		RPORA	TAON		
e State Dep TANT: If he			DACTTATEMETT	MND				-	1		
APORTANT: If he		WALKER IM	LAGITATIATIT		TOO MXXIDE	RENT BRODE	DWAY	212	37		
with the State Dep	23o. B	WALKER IM	. 23b DATE 23	c. NAME OF C	100 mxx bxs EMETERY OR CREMATORY nislaus (em.	23d LOCATION Baltimon			31		

Total west to be a second to be second to be a second to be a second to be a second to be a seco Charles The Land Variable Value 1 1 - English and the second of the second brain! I To audina in The Second Co. of Stranger Toler C. ofer G. Sons Sans. All S. Chesten II. 144 2 8 1835 21

031168		FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL YO	6 0 1 /	5 3
	1 -	STATE REGISTRAR				ICATE OF DEATH	REG, NO,	No.
		CEASED NAME FIRST		MIDDLE	, t	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3 75 10	TIVPE	CHAPC	ES		2	AID	JANVARY	26,186 112 PM
OE B	3. SEX	(4 RACE		5. DATE C	DE BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1 G		MALE	WHIT	E	MAY	19, 1910	75 YRS.	
a a		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
de de de		RUSSIA	US		WIDOWE	D DIVORCED	BALTIMORE CI	1.1.01
ofter of the fired with	10 CI	BALT IMORE	(IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET NAI HOSPI	ADDRESS)	OR OTHER INSTITUTION	(179E OF WORK FOR MOST OF WORKING I ARCHIVIST	126. KIND OF BUSINESS OR INDUSTRY NATIONAL ARCHI—
ours ours	USU	AL RESIDENCE IN NURSING HOA	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			ADT 704 VEC
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages fond 2 should be fill vol. it, the medical examinet myst beag	13a S	MARYLAND 136 C	YINUC	BALT IMO		YES XX NO [6510 EBERLE DR.	21215
RYL, within a state of state o	14. FA	THER'S NAME	MIDDIE	LAST		15 MOTHER'S MAIDEN NA	ANIDONE	LAST
MA ted v		JACOB		ZAID		SADIE		TAUB
MORE cond or Poges			ARMED FORCES? , GIVE WAR OR DATES)	166. SOCIAL SECU			RS. LEAHADPRESSZATI	
TIMe be e		NO		186-07-7	059	6510 EBERLE	DR. BALTO., MI	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one cause pe USED BY	line far (a), (b), and	dici.)	AAAFC	T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., og ph bonp remo			DIATE CAUSE 10)	CAPDIO PI	1CMUN.	424 446	1	meriutes
TON or cording of the conding of the				R AS A CONSEQUE	NCE OF			
RES move trou		Conditions, if any, which gove rise to immediate)					
W. W. th		couse (0), stoting the underlying couse lost	DUE TO, C	R AS A CONSEQUE	NCE OF			
201		PART 2 OTHER SIGNIFICA	VI CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT BELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART II.a.
RDS,	NO	Chroni	obst	u time	Pus	ra Disease	WAL DISEASE ON COMPINION OF	TO THE TAKE THE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certific rateding physician. Wher this certificate has been signed by the attending phase the buriol-transit permit. Then please remove corbona to she buriol-transit permit. Then please remove corbonation and Mental Hygiene prior to buriol, cremation, or removed at Item 18 shows any injury, or other traumatic even	CERTIFICATION	19a DATE OF OPERATION	1% CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
A he lo on.	TIFIC							IFYING CAUSES OF DEATH?
VIT. T. T	CER	21a. ACCIDENT WAS UNDERLYING		OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
SICIA ng pl rentif	CAL	OR CONTRIBUTING CAUSE O	DEATH	.M.	19			
PHYS andir this of Me d or I	MEDICAL	214. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG Ster of the orke	~	WHILE ONT WHILE O					11.	0
N. O.		22a I certify that (1) (this h				19 19	, to	, 19, that (II (we) lost
ATTE OSpital difform 21 of m 21		sow the deceased alive obove (1) (we) (did) (did)	not) view the body	ofter deoth.	-		death occurred on the date and ha	
the half of the best of the be		226. SIGNATURE	d Fred	linon		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11.26/8-6
O HOSPITA TO FUNERA TO FUNERA with the Stot MADRITANT		226. PHYSICIAN'S NAME (T	— 1			22e. ADDRESS	2 K H = 1 +c	2/1/5
TO HOSPITAL retoined by 1) TO FUNERAL should be det with the Store	23a. F	URIAL, CREMATION, REMO	MI 236 DATE		NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	Are uu)
BP	1	SPECIFY) BURIAL	JAN.28	,1986 BE	ETH YE	HUDA ANSHE KU	JRLAND" OR BALTIMOR	
DHMH - 16 50M 4/83	24 FL	NERAL DIRECTOR SOL		ADDRESS			E RECO. BY REGISTRAR 756. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)		6010 REISTERS	TOWN RD.	BALTO.,	MD	21215 IAN	2 9 1985	Madarine



STATE OF MARYLAND

STATE OF MARYLAND CEPTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL POPELE

	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0.							
	I DECEASED NAME FIRST	MIDDLE	20. DATE OF DEATH									
	EUGE	NE ZIM	January	28, 1986	11:26A _M							
	3. SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE							
	Male	White	Feb. 9, 1910	75	YRS	MIN.						
0	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED & NEVER MARRIEL	9 BALTIMORE CITY	OR COUNTY OF DEATH	1						
λ	MD	USA	WIDOWED DIVORCE	Baltimo	ore City	ty MD.						
5	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	IRSING HOME OR OTHER INSTITUTIO		ION 12b. KIN DE WORKING LIFE) INDUST	D OF BUSINESS OR						
٤	Baltimore	Maryland G	Seneral Hospital	Layout Ar		Printing						
7	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU		TOWN 134 INSIDE CITY LIMI		ZIP CODE Ave	., 21239						
	14 FATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDE	NAME		1467						
)	Richard E.	Zimmerman	Elizab		Hul	lseman						
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIALS	SECURITY NO. 17. INFORMANT	ADDR	ESS							
	No	216 01	1 2764 Mrs. Do	ris Zimmerr	nan.	Same						
	18 CAUSE OF DEATH (Enter o	18 CAUSE OF DEATH (Enter only one couse per line for i.o.), (b.), and (c.)										
		PARTI DEATH WAS CAUSED BY Myocardial Infarction										
		DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which	Conditions, if any, which ((b)										
	gove rise to immediate couse (0), stating the											
H	underlying couse lost.	underlying couse lost.										
		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COM	IDITION GIVEN IN PART	T Iro						
	NOTE OF OPERATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY										
7	E 1190 DATE OF OPERATION	198 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAU	SES OF DEATH?						
1	210 ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	11, HOW IN HIPY O	YES NO CCURRED (ENTER NATURE OF INJ	YES [NO 🗌						
1	OR CONTRIBUTION CALLER OF DE	HOUR A.M. MONTH	DAY YEAR	CCORRED (ENIER WATURE OF IN)	RTIN (IEM IS PART I ORPARI	2)						
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M.	19 211 LOCATION									
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OF		CITY OR TO	OWN COUNTY	STATE						
		stall attanded the decound f-	- January 20 10	06 . 72000	20 1006	1						
	226 I certify that x! (this hospital) attended the deceased from <u>January 28</u> , 19.86, to <u>January 28</u> , 19.86, that we lost saw the deceased office on <u>January 28</u> 19.86, and that in (x) (our) opinion death occurred on the date and hour and from the causes stated											
	obove X (we) (did) (did n	obove. X (we) (did) (did got: view the body ofter death. DEGREE 27c. DATE SIGNED										
	1 mitu 1	ATTENDING K MEDICAL STAFF PHYSICIAN CHRECTOR PHYSICIAN 11-28/84										
	224 PHYSICIAN'S NAME .TITE	med 1	22e ADDRESS	AN EL DIRECTOR PRITSI	JAN	1000						
	Walter Ko	Walter Koppel, M.D. c/o Maryland General Hospita										
	230. BURIAL, CREMATION, REMOVAI		23 C. NAME OF CEMETERY OR CREMAT									
	Entombment		Druid Ridge	Pikesv	ille, COUNTY	MD STATE						
	24 FUNERAL DIRECTOR Henry		0	O. DATE REC'D. BY REGISTRA		TATORE STORE						
	4905 York Road	d Balto. MI	21212	JAN 31 190	0							

^{24 FUNERAL DIRECTOR}Henry W. Jenkinson Sons Co. 4905 York Road Balto., MD 21212

DHMH - 16 60M 7/84

(VRA 15, 4)

TANKATT

2 White Feb. 0, 1910 75

U Shimone Dit

Fiducial E. Zimmanman Elizabeth E. Hulkemen

No. 2 come alm remarks. Come alm merman, come

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Cu York Fost Salto. WD 21212

31181	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
L'A		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
e e	TITPE	RHEA	В.	ZIN	KAND	1	25 86 12 AM				
w / e	3. SEX	A TOTAL LAND	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF LINDER TYEAR IF UNDER 24 HRS				
9 0 0 m	H	Female	White	Jur	ne 24, 1916	69 YRS					
g		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8	NED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH				
death.		MD	USA	WIDO	WED DIVORCED X	REALTIMORE CITY	MD				
by the further d		TY OR TOWN OF DEATH TIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI UNION MEMORIAL)			120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING Financial Sec					
filled in could be to mist be	13a S	L RESIDENCE (IF NURSING HOME OR TATE 13b COUN	TY 13c. CITY O		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CO 3722 Ednor F	Road, 21218				
ompletely ond 2 sh	14 FA		eorge Berle		Theresa	MIDDLE	Rau				
on ond co		(AS DECEASED EVER IN U.S. ARI ES NOOR UNKNOWN) (1) YES, GIVE NO	WAR OR DATES)	SECURITY NO		ADDRESS	Same				
physicia physicia phopers emovol.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	8Y.	opulme	way COLLA	PSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
s that the death cer ed by the attending slease remove corbo rial, cremation, or re or other troumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	TRICKL	in TACHYCAN	EDIA & FIBRILLAND	1 day				
requires en signe Then pl or to burr injury, o	NOI	PART 2. OTHER SIGNIFICANT C				MINAL DISEASE OR CONDITION (
he low ton. hos bei if permit	CERTIFICATION	19a date of operation	196. CONDITION FOR	WHICH OPERAT	ION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)				
iCIAN: Ti g physici g physici errificate iol-tronsi intol Hygi fem 18 sh		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEA	R	RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART OR PART 2)				
G PHYS offendin ler this c s the bur hond Me	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ATTENDIN rospital or ECTOR, Afr ed for use o		220.1 certify that this hospit saw the deceased alive an above (17) we will be saw 121b. SIGNATURE	ol) attended the deceased 1/2-4 1/2-4 View the body after death	19 86	ond that in (my) of opinion	to 725 n death occurred on the date and h	, 19 , that (1) verilost iour and from the couses stated				
by the the by the the term of		Robert H.	Brown		ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/25/86				
O HOSPITA etoined by a TO FUNERAL should be de with the Stot		ROBERT H. BRO	_		UNION MEMOR	IAL HOSPITAL					
BP		Cremation	1/28/86		cemetery or crematory n Mount	Balto.,	COUNTY MD STATE				

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road, Balto., MD 21212 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Enancel eco. Cimen area leaner Road, e1stal Theream Coords Familia elf de Free Arns. Fossila Volument, Bar e ..colles trunk need) 3/8/1 more meno Henry W. Jendins 8 Sons Co. Yem gos , Helto., WB 11118

200000	1	FOR STATE		DEPART	STATE MENT OF HE	OF MAR		AL HÖGIEI	NE O I	1 5	1	
020048		REGISTRAR CEASED NAME FIRS	ME	DICAL	EXAMINE	R'S CER	RTIFICAT	TE OF DE	REG	NO,	DAY YEAR	26 HOUR
3998	119	L(OUIS IS. DATE OF BIRTH		6. AGE (IN YEARS	WER	a i vo Tie i	INDER 24 HRS	20 DATE KNOWN OF ESTI- DEATH MATED	1-1	0-869	M 2d HOUR
SPECIAL PROPERTY OF STREET	1	N NACE	12 6	17	68 YRS.		DAYS HOL		PRONOUNCED DEAD	1-1	0-86,9	6:10F
SE S		OREIGN COUNTRY)	U.S.A			MARRIED	NEVER	MARRIED TO	Baltimore cu	_		MD
(3.12.4/2	31	altimore	11. NAME OF HO	ACILITY, GIVE S		**		12a. US	MALOCCUPATION MOST OF WORKING LIFE)	(TYPE OF WORK	126 KIND OF B	
10 25 100	13a 1	AL RESIDENCE (IF IN NURSING HITATE 13b CC	OME OR OTHER INSTITUTION, O		OR IOWN LTIMORE	13d. Yi	INSIDECITY LI	MITS? 132 672	PARK AV	ENUE 2	1217	
CON THE WO		ATHER'S NAME NKNOWN	WIDDLE		LAST	15.		MAIDEN NAM NOWN	E MIDDLE		, LAST	
BALTIMORE S AFTER DE GIVE PAGE ITH FORM INTSION C	(WAS DECEASED EVER IN U.S yes, no, or unknown) (if yes, ES	ARMED FORCES? GIVE WAR OR DATES)		-09-9324		INFORMAN RICHAR		RAFT 2042		VE. 212	17
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CA), and (c).) -cerebra	ıl tra	auma				APPROXIMA BETWEEN ONS	E INTERVAL T AND DEATH
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITHOR THE WORD "PENDING" IN PENCIL IN ITEM 1B. DEED TO THE CHIEF MEDICAL EXAMINER ALONG W. E. 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEBARTMENT OF HALTH AND MENTAL HYGIENE, D. PRICH TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if any, w gove rise to immed cause (a) stating the <u>un</u> lying cause last.	hich (b)	R AS A COM	nsequence of							
TAL RECORDS, 2011 HOULD BE EXECUTED RD. "PENDING" IN PIHEF MEDICAL EXA USED AS A BURIAL- OF HEALTH AND ME RIAL, CREMATION, OF	CERTIFICATION	PART ? OTHER SIGNIFICANT CONDITION			WHICH OPERAT		1000				(HEAD'SY	ÔNLY)
DIVISION OF VITAL REMANDED OF VITAL REMANDED THE WORD. "PER WARDED TO THE CHIFF MADED TO SHOULD BE USED A THE DEPARTMENT OF HAD TO BURIAL, CONTRACT OF DIVINIAL, CONTRACT OF THE CONTRACT OF T		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.		PDAY PYEAR	subj	ject a	pparent	tly had fa	111en		NO L
DIVISION WITTING WRITTING WAGE 3 SPATE DEPARED	MIDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	Z PLACE STREEUM	OF INJURY		un'kn		E	Baltimore,	Mary	and	STATE
TO MEDICAL EXAMINEE: T EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITHATHE SI BAUTIMORE, MARYICAND, 2		220. I certify that I took of death resulted from: ACTUAL SIGNATURE	nte fre	Accident	X, Suicio	de, M.D	Hamicide TITLE (SPECI	stantwe	Inquiry , termined manner	and in my ap , DATE SIGNE	DINION	6
TO MED EXECUTE PAGE 4 TO FUNI AFTER DE	7	EXAMINER'S NAME (TYPE OR PRINT)	Margarita			ADD	DRESS		nnStreet			
07/84 BP	E	BURIAL, CREMATION, REMOV SPECIFY) BURIAL	1-16-86		NAME OF CEME SARRISON		ST	0	WING MILL		MARYLA	ND
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR 1.C.MARCH F/H	INC. 1101	E. NOI	RTH AVE.		750.	JAN 16	Y REGISTRAR 256 R	100	M-Mandal	2 4

